

ORD INFORMATION  
RESOURCE CENTER, HCFA

# MEDICARE / MEDICAID NURSING HOME INFORMATION

MINNESOTA

Part 2

MINNEOTA to ZUMBROTA



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

87/88





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Minnesota  
Pt. 2

# **MEDICARE/MEDICAID NURSING HOME INFORMATION**

**1987-1988**

**MINNESOTA**

**Part 2**

**MINNEOTA TO ZUMBROTA**

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Secretary  
U.S. Department of Health & Human Services

William L. Roper, M.D.  
Administrator  
Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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## INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in dark ink, reading "William L. Roper". The signature is fluid and cursive, with a large, stylized "R" at the end.

William L. Roper, M.D.  
Administrator

## USES AND LIMITATIONS

### Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.



## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

## DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

## **SOURCES OF INFORMATION**

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

### **Public and General Sources**

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

### **State Government**

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.





# minnesota department of health

717 s.e. delaware st.

p.o. box 9441

minneapolis 55440

(612) 623-5000

## Overview of Nursing Home Licensure Program

Under the provisions of Minnesota law, nursing homes and boarding care homes must be licensed. The purpose of the licensure law is to assure that the services provided in these facilities meet minimum standards to protect the health, safety, comfort and well being of the facility's residents. The licensure law establishes general conditions relating to the operation and administration of these facilities, authorizes the development of regulations, and requires the inspection of these facilities.

The Minnesota Department of Health is the state agency responsible for the implementation of the licensure law. The Survey and Compliance Section in the Department's Division of Health Resources is the unit that is responsible for the licensing, inspection and regulation of nursing homes and boarding care homes. This Section is also responsible for conducting the necessary inspections to certify these facilities for participation in the Medicare and Medicaid programs.

The licensure process requires the annual submission of a license application and a full inspection of each facility at least every two years. The frequency of inspections is based on the compliance history of the facility. The purpose of the inspections is to determine the facility's compliance with state laws and the licensure rules.

The Department of Health also has an Office of Health Facility Complaints that is responsible for investigating complaints against nursing homes, boarding care homes, other health care facilities and health care professionals.

## Overview of Enforcement System

Minnesota law authorizes the Department to issue correction orders for violations of the licensure laws and rules. These correction orders specify the violation, identify the law or rule that has been violated, suggest a method of correction and provide the facility a specified period of time to come into compliance. A reinspection will be conducted and if it is then determined that the facility has not made the necessary corrections, the Department will issue a monetary fine to the facility. In addition to the fining authority, the Department also has the authority to suspend or revoke a facility's license, to suspend admissions to a nursing home under specified circumstances, to restrict individuals from serving as an administrator or managerial employee of a nursing home and to initiate receivership of the facility.

## Resources Available to Consumers

### Minnesota Department of Health

The Survey and Compliance Section of the Department's Division of Health Resources is responsible for the licensure, inspection and regulation of nursing homes and boarding care homes. Information concerning the licensure program, the compliance history of specified facilities and copies of inspection results can be obtained by contacting this Section.

Survey and Compliance Section  
393 North Dunlap Street  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0900

(612) 643-2101

The Office of Health Facility Complaints is responsible for investigating complaints received against nursing homes and boarding care homes. Information regarding the complaint process and the complaint history of specified facilities can be obtained by contacting this Office.

Office of Health Facility Complaints  
393 North Dunlap Street  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0900

(612) 643-2520 - Collect calls accepted

### Long Term Care Ombudsman Program

This program is a part of the Minnesota Board On Aging and provides advocacy services to residents in nursing homes and boarding care homes. This program oversees the regional ombudsman programs located throughout the State. The ombudsman can also be contacted if you have questions regarding deficiencies issued to a facility.

Long Term Care Ombudsman  
Minnesota Board on Aging  
7th and Robert Street  
Saint Paul, Minnesota 55101

(612) 296-2770

Toll free 1-800-652-9747 Ask for "Board on Aging"

## Medicaid Fraud and Abuse Program

This program is located within the Attorney General's Office and is responsible for the investigation of criminal violations of the Medicaid laws.

Medicaid Fraud Division  
Office of the Attorney General  
Suite 200  
525 Park Avenue  
Saint Paul, Minnesota 55103

(612) 297-1048

## Other State Programs Related to Nursing Home Quality of Care

A number of other state agencies have programs that relate to the services provided in nursing homes and boarding care homes. These programs include:

### Minnesota Department of Health

In addition to the Department's licensure program, there are three other sections within the Division of Health Resources that are responsible for the quality of services provided in these facilities. The Quality Assurance and Review Section is responsible for the federal inspection of care program and also for establishing the individual resident classifications that are used to determine the rates to be charged in Medicaid certified facilities. The Technical Consultation and Training Section assists in the inspections of facilities and also provides consultation and training services. The Engineering Services Section is responsible for reviewing building plans and to assure compliance with applicable building and life safety codes. The Department also contracts with the State Fire Marshal to conduct life safety code inspections of the nursing homes and boarding care homes in the State.

Quality Assurance and Review	Technical Consultation and Training	Engineering Services
393 North Dunlap	393 North Dunlap	393 North Dunlap
P.O. Box 64938	P.O. Box 64900	P.O. Box 64900
Saint Paul, MN	Saint Paul, MN	Saint Paul, MN
55164-0938	55164-0900	55164-0900
(612) 643-2500	(612) 643-2530	(612) 643-2180



## Department of Human Services

This Department is responsible for the administration of the Medical Assistance Program for the State. This major activity includes the establishment and administration of the Medicaid reimbursement program for these facilities, the monitoring of the costs of services provided by individuals and facilities, and the issuance of provider agreements which authorize a facility's participation in the Medicaid program. The Department is also responsible for the administration of the nursing home preadmission screening programs and for the alternative care grant program. These programs are intended to assist individuals in determining whether nursing home placement is appropriate as well as to provide services to allow individuals to remain at home.

Long Term Care Management Division  
Department of Human Service  
444 Lafayette Road  
Saint Paul, Minnesota 55155

(612) 296-4931

## State Board of Examiners for Nursing Home Administrators

This Board is responsible for the licensing of individuals that serve as the administrators of nursing homes. The Board has adopted qualifications for licensing and conducts the licensure examinations.

Board of Examiners for Nursing Home Administrators  
Room 104  
2700 University Avenue West  
Saint Paul, Minnesota 55114

(612) 642-0595

## Minnesota Board of Nursing

This Board is responsible for the licensing of registered nurses and licensed practical nurses and for investigation of complaints involving licensed nurses. The Board will also develop standards for the training and competency evaluation of nursing assistants working in nursing homes and maintain a registry of these individuals. This latter requirement is based on provisions contained in the 1987 Nursing Home Reform Act.

Minnesota Board of Nursing  
Room 108  
2700 University Avenue West  
Saint Paul, Minnesota 55114

(612) 642-0567

## **Federal Government**

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### **Office of the Inspector General (OIG)**

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### **Administration on Aging (AoA)**

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

## **AoA Regional Offices**

Regional Program Director, AoA  
DHHS Region I  
Room 2011  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1158

Regional Program Director, AoA  
DHHS Region III  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-0334

Regional Program Director, AoA  
DHHS Region V  
13th Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-3141

Regional Program Director, AoA  
DHHS Region VII  
Room 384  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-2955

Regional Program Director, AoA  
DHHS Region IX  
Room 480  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-6003

Regional Program Director, AoA  
DHHS Region II  
Room 4149  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3472

Regional Program Director, AoA  
DHHS Region IV  
Suite 903  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-5900

Regional Program Director, AoA  
DHHS Region VI  
Room 1000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-2971

Regional Program Director, AoA  
DHHS Region VIII  
Room 1185  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2951

Regional Program Director, AoA  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-5341

## **Office for Civil Rights (OCR)**

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

### **OCR Regional Offices**

Director, OCR  
DHHS Region I  
Room 2403  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1340

Director, OCR  
DHHS Region III  
Room 6300  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-1262

Director, OCR  
DHHS Region V  
33rd Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-2520

Director, OCR  
DHHS Region VII  
Room 248  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-7277

Director, OCR  
DHHS Region IX  
Room 322  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-8586

Director, OCR  
DHHS Region II  
Room 3312  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3313

Director, OCR  
DHHS Region IV  
Room 1502  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2779

Director, OCR  
DHHS Region VI  
Room 1360  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-4056

Director, OCR  
DHHS Region VIII  
Room 844  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2024

Director, OCR  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0473



## **Health Care Financing Administration (HCFA)**

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

### **HCFA Regional Offices**

Associate Regional Administrator  
DHHS Region I, HCFA  
Division of Health Standards and Quality  
Room 1309  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1331

Associate Regional Administrator  
DHHS Region III, HCFA  
Division of Health Standards and Quality  
3535 Market Street  
P.O. Box 7760  
Philadelphia, PA 19101  
(215) 596-0997

Associate Regional Administrator  
DHHS Region V, HCFA  
Division of Health Standards and Quality  
Room 941  
175 West Jackson Boulevard  
Chicago, IL 60604  
(312) 353-9804

Associate Regional Administrator  
DHHS Region VII, HCFA  
Division of Health Standards and Quality  
Room 284  
601 East 12th Street  
Kansas City, MO 64106  
(816) 374-2408

Associate Regional Administrator  
DHHS Region IX, HCFA  
Division of Health Standards and Quality  
100 Van Ness Avenue  
San Francisco, CA 94102  
(415) 556-0041

Associate Regional Administrator  
DHHS Region II, HCFA  
Division of Health Standards and Quality  
Room 3821  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3219

Associate Regional Administrator  
DHHS Region IV, HCFA  
Division of Health Standards and Quality  
Suite 601  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2488

Associate Regional Administrator  
DHHS Region VI, HCFA  
Division of Health Standards and Quality  
Room 2000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-6301

Associate Regional Administrator  
DHHS Region VIII, HCFA  
Division of Health Standards and Quality  
Room 1194  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-4721

Associate Regional Administrator  
DHHS Region X, HCFA  
Division of Health Standards and Quality  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0511



If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,  
New Hampshire, Rhode Island, and  
Vermont

Region III/Philadelphia

Delaware, District of Columbia,  
Maryland, Pennsylvania, Virginia,  
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,  
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and  
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,  
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,  
Puerto Rico, and  
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,  
Kentucky, Mississippi,  
North Carolina, South Carolina,  
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,  
New Mexico, Oklahoma, and  
Texas

Region VII/Denver

Colorado, Montana,  
North Dakota, South Dakota,  
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,  
and Washington

## FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

### General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

## **Physical Environment**

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

## **Medical and Nursing Services**

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

## **Food**

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

## **Social Services and Activities**

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?



## GLOSSARY OF TERMS

### Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

**Catheter.** See **Urinary Catheter.**

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.

## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

### EXAMPLE

## NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

**Name:** Self-explanatory  
**Street Address:** Self-explanatory  
**City and State:** Self-explanatory

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

**Skilled Nursing Facility (SNF)** — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

**Intermediate Care Facility (ICF)** — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

**Non-profit-religious** — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

**Non-profit-private** — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

**Non-profit-other** — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

**Proprietary** — A nursing home operated for profit.

**Government** — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.



## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
<b>Bathing</b> Residents requiring some or total assistance in bathing.		FACILITY		STATE	NATION
		#	%	%	%
		78	83.0	81.0	81.0

*Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.



## EXAMPLE

### SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

*Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

## NURSING HOME PROFILE MINNEOTA MANOR HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
700 NORTH MONROE ST		MINNEOTA MN 56264	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	87	PROPRIETARY	02/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
85	1	55

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	96.5	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	81.2	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	69.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	82.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	55.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	15	17.6	42.6	50.8
<b>Residents requiring restraints.</b>	34	40.0	37.6	41.3
<b>Confused or disoriented residents.</b>	48	56.5	51.4	58.4
<b>Residents with bed sores.</b>	1	1.2	4.6	7.1
<b>Residents receiving special skin care.</b>	6	7.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OAK TERRACE NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
14500 COUNTRY ROAD 62		MINNETONKA MN 55343	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	350	STATE GOVERNMENT	11/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
280	0	266

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	19.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	221	78.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	174	62.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	61.4	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	212	75.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	93	33.2	30.3	37.7
<b>Completely bedfast residents.</b>	3	1.1	1.0	3.4
<b>Residents confined to chairs.</b>	121	43.2	42.6	50.8
<b>Residents requiring restraints.</b>	107	38.2	37.6	41.3
<b>Confused or disoriented residents.</b>	240	85.7	51.4	58.4
<b>Residents with bed sores.</b>	9	3.2	4.6	7.1
<b>Residents receiving special skin care.</b>	71	25.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LUTHER HAVEN NURSING HOME

<b>Street Address:</b> 1109 EAST HIGHWAY SEVEN		<b>City and State:</b> MONTEVIDEO MN 56265	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 10/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 120	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 67
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	39.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	75.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	66.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	66.7	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	58.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	20.8	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	61	50.8	42.6	50.8
<b>Residents requiring restraints.</b>	15	12.5	37.6	41.3
<b>Confused or disoriented residents.</b>	65	54.2	51.4	58.4
<b>Residents with bed sores.</b>	5	4.2	4.6	7.1
<b>Residents receiving special skin care.</b>	11	9.2	29.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SIEMERS BOARDING CARE HOME

<b>Street Address:</b> 211 SPRUCE AVENUE		<b>City and State:</b> MONTGOMERY MN 56069	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 12	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 10	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 7
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	8	80.0	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	2	20.0	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	1	10.0	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	4	40.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	10.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	0	0.0	26.9	39.1
<b>Residents requiring restraints.</b>	0	0.0	18.4	31.7
<b>Confused or disoriented residents.</b>	2	20.0	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	1	10.0	19.9	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE

### MONTICELLO-BIG LAKE COMM. NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
1104 EAST RIVER ROAD		MONTICELLO MN 55362	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	91	LOCAL GOVERNMENT	03/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
91	1	45		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	52.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	84.6	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	78.0	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	73.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	31.9	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.1	1.0	3.4
<b>Residents confined to chairs.</b>	45	49.5	42.6	50.8
<b>Residents requiring restraints.</b>	17	18.7	37.6	41.3
<b>Confused or disoriented residents.</b>	59	64.8	51.4	58.4
<b>Residents with bed sores.</b>	3	3.3	4.6	7.1
<b>Residents receiving special skin care.</b>	26	28.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE EVENTIDE LUTHERAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
1405 SOUTH SEVENTH STREET		MOORHEAD MN 56560	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	195	NON-PROFIT RELIGIOUS	11/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
195	1	117		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	165	84.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	151	77.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	127	65.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	195	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	142	72.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	2.1	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	20.5	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	47	24.1	42.6	50.8
<b>Residents requiring restraints.</b>	88	45.1	37.6	41.3
<b>Confused or disoriented residents.</b>	116	59.5	51.4	58.4
<b>Residents with bed sores.</b>	7	3.6	4.6	7.1
<b>Residents receiving special skin care.</b>	52	26.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MOORHEAD HLTH CARE CTR

<b>Street Address:</b> 2810 2ND AVE NORTH		<b>City and State:</b> MOORHEAD MN 56560	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 89	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 88	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 62
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	88	100	82.4	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	75	85.2	77.5	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	78	88.6	66.6	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	89.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	64	72.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	4.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	17	19.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	33	37.5	42.6	50.8
<b>Residents requiring restraints.</b>	49	55.7	37.6	41.3
<b>Confused or disoriented residents.</b>	47	53.4	51.4	58.4
<b>Residents with bed sores.</b>	3	3.4	4.6	7.1
<b>Residents receiving special skin care.</b>	4	4.5	29.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MERCY HEALTH CARE CENTER C&NC

<b>Street Address:</b>  P.O. BOX 469		<b>City and State:</b>  MOOSE LAKE MN 55767	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  94	<b>Type of Ownership:</b>  LOCAL GOVERNMENT	<b>Survey Date:</b>  01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  92	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  69	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	83.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	85.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	77.2	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	65.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	35	38.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	40.2	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	22	23.9	42.6	50.8
<b>Residents requiring restraints.</b>	52	56.5	37.6	41.3
<b>Confused or disoriented residents.</b>	41	44.6	51.4	58.4
<b>Residents with bed sores.</b>	7	7.6	4.6	7.1
<b>Residents receiving special skin care.</b>	48	52.2	29.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE VILLA HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
BIRCH MOR MEDICAL PARK		MORA MN 55051	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	05/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
76	1	55	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	94.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	63	82.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	75.0	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	69.7	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	73.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	34.2	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.3	1.0	3.4
<b>Residents confined to chairs.</b>	45	59.2	42.6	50.8
<b>Residents requiring restraints.</b>	41	53.9	37.6	41.3
<b>Confused or disoriented residents.</b>	45	59.2	51.4	58.4
<b>Residents with bed sores.</b>	2	2.6	4.6	7.1
<b>Residents receiving special skin care.</b>	29	38.2	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## GILMOR MANOR NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
		MORGAN MN 56266	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	49	NON-PROFIT PRIVATE	08/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
47	0	11

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	20	42.6	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	66.0	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	25	53.2	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	89.4	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	48.9	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	27.7	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	11	23.4	26.9	39.1
<b>Residents requiring restraints.</b>	0	0.0	18.4	31.7
<b>Confused or disoriented residents.</b>	11	23.4	39.4	55.8
<b>Residents with bed sores.</b>	1	2.1	2.6	4.7
<b>Residents receiving special skin care.</b>	8	17.0	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE VILLA OF ST FRANCIS

<b>Street Address:</b>		<b>City and State:</b>	
1001 SCOTT AVENUE		MORRIS MN 56267	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	140	NON-PROFIT RELIGIOUS	06/17/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
138	7	78	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	138	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	112	81.2	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	68.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	58.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	32.6	30.3	37.7
<b>Completely bedfast residents.</b>	2	1.4	1.0	3.4
<b>Residents confined to chairs.</b>	80	58.0	42.6	50.8
<b>Residents requiring restraints.</b>	59	42.8	37.6	41.3
<b>Confused or disoriented residents.</b>	62	44.9	51.4	58.4
<b>Residents with bed sores.</b>	5	3.6	4.6	7.1
<b>Residents receiving special skin care.</b>	26	18.8	29.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EVENTIDE HOME ASSOCIATION

<b>Street Address:</b>  810 THIRD AVENUE		<b>City and State:</b>  MOUNTAIN LAKE MN 56159	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  50	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  09/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  43	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  23		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	60.5	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	6	14.0	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	1	2.3	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	14.0	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	0	0.0	26.9	39.1
<b>Residents requiring restraints.</b>	0	0.0	18.4	31.7
<b>Confused or disoriented residents.</b>	0	0.0	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	4	9.3	19.9	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE GOOD SAMARITAN VILLAGE**

<b>Street Address:</b>		<b>City and State:</b>	
745 BASINGER MEMORIAL DRIVE		MOUNTAIN LAKE MN 56159	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	NON-PROFIT PRIVATE	10/22/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
76	0	46			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		59	77.6	68.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		57	75.0	56.6	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		45	59.2	46.8	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		76	100	72.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		46	60.5	45.2	59.1
Residents on individually written bowel and bladder retraining program.		1	1.3	3.4	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		34	44.7	21.7	29.3
<b>Completely bedfast residents.</b>		1	1.3	0.5	3.6
<b>Residents confined to chairs.</b>		58	76.3	26.9	39.1
<b>Residents requiring restraints.</b>		6	7.9	18.4	31.7
<b>Confused or disoriented residents.</b>		39	51.3	39.4	55.8
<b>Residents with bed sores.</b>		6	7.9	2.6	4.7
<b>Residents receiving special skin care.</b>		16	21.1	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE INNSBRUCK HEALTHCARE CENTER

<b>Street Address:</b>  2800 HIGHWAY 694		<b>City and State:</b>  NEW BRIGHTON MN 55112	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  130	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  118	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  81
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	79.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	79.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	79.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	47.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	24.6	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	71	60.2	42.6	50.8
<b>Residents requiring restraints.</b>	59	50.0	37.6	41.3
<b>Confused or disoriented residents.</b>	29	24.6	51.4	58.4
<b>Residents with bed sores.</b>	10	8.5	4.6	7.1
<b>Residents receiving special skin care.</b>	16	13.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NEW BRIGHTON CARE CTR

<b>Street Address:</b> 550 8TH ST NW		<b>City and State:</b> NEW BRIGHTON MN 55112	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 64	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 64	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 46		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	82.8	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	62.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	64.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	62.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	34.4	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	8	12.5	42.6	50.8
<b>Residents requiring restraints.</b>	27	42.2	37.6	41.3
<b>Confused or disoriented residents.</b>	39	60.9	51.4	58.4
<b>Residents with bed sores.</b>	0	0.0	4.6	7.1
<b>Residents receiving special skin care.</b>	21	32.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TREVILLA OF NEW BRIGHTON

<b>Street Address:</b>  825 1ST AVE NW		<b>City and State:</b>  NEW BRIGHTON MN 55112	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  189	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  02/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  183	<b>Medicare Residents:</b>  1	<b>Medicaid Residents:</b>  143
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	164	89.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	164	89.6	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	137	74.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	183	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	110	60.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	6	3.3	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	80	43.7	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	102	55.7	42.6	50.8
<b>Residents requiring restraints.</b>	113	61.7	37.6	41.3
<b>Confused or disoriented residents.</b>	96	52.5	51.4	58.4
<b>Residents with bed sores.</b>	10	5.5	4.6	7.1
<b>Residents receiving special skin care.</b>	66	36.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AMBASSADOR HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
8100 MEDICINE LAKE ROAD		NEW HOPE MN 55427	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	114	PROPRIETARY	09/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
106	0	75

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	67.9	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	79.2	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	65.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	65.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	24.5	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	80	75.5	42.6	50.8
<b>Residents requiring restraints.</b>	55	51.9	37.6	41.3
<b>Confused or disoriented residents.</b>	62	58.5	51.4	58.4
<b>Residents with bed sores.</b>	6	5.7	4.6	7.1
<b>Residents receiving special skin care.</b>	43	40.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORTH RIDGE CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
5430 BOONE AVENUE NORTH		NEW HOPE MN 55428	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	559	PROPRIETARY	02/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
548	1	279	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	482	88.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	407	74.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	342	62.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	548	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	310	56.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	130	23.7	30.3	37.7
<b>Completely bedfast residents.</b>	7	1.3	1.0	3.4
<b>Residents confined to chairs.</b>	249	45.4	42.6	50.8
<b>Residents requiring restraints.</b>	123	22.4	37.6	41.3
<b>Confused or disoriented residents.</b>	261	47.6	51.4	58.4
<b>Residents with bed sores.</b>	39	7.1	4.6	7.1
<b>Residents receiving special skin care.</b>	140	25.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SAINT THERESE HOME

<b>Street Address:</b>		<b>City and State:</b>	
8000 BASS LAKE RD		NEW HOPE MN 55428	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	302	NON-PROFIT PRIVATE	03/31/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
293	6	119	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	244	83.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	210	71.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	182	62.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	293	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	217	74.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	1.7	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	94	32.1	30.3	37.7
<b>Completely bedfast residents.</b>	5	1.7	1.0	3.4
<b>Residents confined to chairs.</b>	124	42.3	42.6	50.8
<b>Residents requiring restraints.</b>	125	42.7	37.6	41.3
<b>Confused or disoriented residents.</b>	162	55.3	51.4	58.4
<b>Residents with bed sores.</b>	9	3.1	4.6	7.1
<b>Residents receiving special skin care.</b>	90	30.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GLEN OAKS NH

<b>Street Address:</b>  207 N MAIN ST		<b>City and State:</b>  NEW LONDON MN 56273	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  62	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  03/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  62	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  40		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	98.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	90.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	90.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	88.7	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	82.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	19.4	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	22	35.5	42.6	50.8
<b>Residents requiring restraints.</b>	51	82.3	37.6	41.3
<b>Confused or disoriented residents.</b>	43	69.4	51.4	58.4
<b>Residents with bed sores.</b>	2	3.2	4.6	7.1
<b>Residents receiving special skin care.</b>	19	30.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MALA STRANA HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1001 COLUMBUS AVE N		NEW PRAGUE MN 56071	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
114	0	112	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	112	98.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	78.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	64.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	63.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	84	73.7	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.9	1.0	3.4
<b>Residents confined to chairs.</b>	56	49.1	42.6	50.8
<b>Residents requiring restraints.</b>	38	33.3	37.6	41.3
<b>Confused or disoriented residents.</b>	50	43.9	51.4	58.4
<b>Residents with bed sores.</b>	7	6.1	4.6	7.1
<b>Residents receiving special skin care.</b>	25	21.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE NEW RICHLAND CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
312 NORTHEAST FIRST STREET		NEW RICHLAND MN 56072	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	LOCAL GOVERNMENT	11/25/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
60	0	29		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	90.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	73.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	70.0	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	85.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	28.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	15	25.0	42.6	50.8
<b>Residents requiring restraints.</b>	7	11.7	37.6	41.3
<b>Confused or disoriented residents.</b>	30	50.0	51.4	58.4
<b>Residents with bed sores.</b>	2	3.3	4.6	7.1
<b>Residents receiving special skin care.</b>	35	58.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HIGHLAND MANOR

<b>Street Address:</b>		<b>City and State:</b>	
405 NORTH HIGHLAND AVENUE		NEW ULM MN 56073	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	98	NON-PROFIT OTHER	11/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
96	0	45

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	91.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	72.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	72.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	27	28.1	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	19.8	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.0	1.0	3.4
<b>Residents confined to chairs.</b>	59	61.5	42.6	50.8
<b>Residents requiring restraints.</b>	53	55.2	37.6	41.3
<b>Confused or disoriented residents.</b>	65	67.7	51.4	58.4
<b>Residents with bed sores.</b>	3	3.1	4.6	7.1
<b>Residents receiving special skin care.</b>	11	11.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ELDERS HOME

<b>Street Address:</b>		<b>City and State:</b>	
		NEW YORK MILLS MN 56567	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	70	NON-PROFIT RELIGIOUS	03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
70	0	48

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	77.1	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	75.7	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	71.4	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	78.6	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	41.4	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	17	24.3	26.9	39.1
<b>Residents requiring restraints.</b>	39	55.7	18.4	31.7
<b>Confused or disoriented residents.</b>	40	57.1	39.4	55.8
<b>Residents with bed sores.</b>	2	2.9	2.6	4.7
<b>Residents receiving special skin care.</b>	33	47.1	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NOPEMING NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
		NOPEMING MN 55810	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	212	LOCAL GOVERNMENT	07/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
200	3	162

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	176	88.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	174	87.0	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	149	74.5	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	70.0	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	149	74.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	6	3.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	27.5	30.3	37.7
<b>Completely bedfast residents.</b>	3	1.5	1.0	3.4
<b>Residents confined to chairs.</b>	117	58.5	42.6	50.8
<b>Residents requiring restraints.</b>	119	59.5	37.6	41.3
<b>Confused or disoriented residents.</b>	120	60.0	51.4	58.4
<b>Residents with bed sores.</b>	8	4.0	4.6	7.1
<b>Residents receiving special skin care.</b>	73	36.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GREEN ACRES NH

<b>Street Address:</b>		<b>City and State:</b>	
		NORTH BRANCH MN 55056	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	135	NON-PROFIT RELIGIOUS	03/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
127	0	78		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	120	94.5	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	103	81.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	71.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	98	77.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	24.4	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.8	1.0	3.4
<b>Residents confined to chairs.</b>	24	18.9	42.6	50.8
<b>Residents requiring restraints.</b>	52	40.9	37.6	41.3
<b>Confused or disoriented residents.</b>	57	44.9	51.4	58.4
<b>Residents with bed sores.</b>	0	0.0	4.6	7.1
<b>Residents receiving special skin care.</b>	30	23.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MAPLEWOOD CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1900 SHERREN AVENUE EAST		NORTH SAINT PAUL MN 55109	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	176	NON-PROFIT OTHER	03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
173	3	87		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	130	75.1	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	142	82.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	129	74.6	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	173	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	125	72.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	30.1	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.6	1.0	3.4
<b>Residents confined to chairs.</b>	55	31.8	42.6	50.8
<b>Residents requiring restraints.</b>	83	48.0	37.6	41.3
<b>Confused or disoriented residents.</b>	106	61.3	51.4	58.4
<b>Residents with bed sores.</b>	6	3.5	4.6	7.1
<b>Residents receiving special skin care.</b>	60	34.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE NORTH ST PAUL NURSING HOME

<b>Street Address:</b>  2375 SKILLMAN AVENUE EAST		<b>City and State:</b>  NORTH SAINT PAUL MN 55109	
<b>Participation:</b>  MEDICAID SNF/ICF	<b># of Beds:</b>  47	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  10/08/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  37	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  5		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	34	91.9	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	34	91.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	75.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	64.9	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	73.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	10	27.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	21.6	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	24	64.9	42.6	50.8
<b>Residents requiring restraints.</b>	16	43.2	37.6	41.3
<b>Confused or disoriented residents.</b>	25	67.6	51.4	58.4
<b>Residents with bed sores.</b>	2	5.4	4.6	7.1
<b>Residents receiving special skin care.</b>	10	27.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MINNESOTA ODD FELLOWS HOME

<b>Street Address:</b>		<b>City and State:</b>	
815 FOREST AVENUE		NORTHFIELD MN 55057	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	12/10/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
118	0	58	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	75	63.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	78.0	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	74.6	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	62.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	21.2	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.8	1.0	3.4
<b>Residents confined to chairs.</b>	79	66.9	42.6	50.8
<b>Residents requiring restraints.</b>	61	51.7	37.6	41.3
<b>Confused or disoriented residents.</b>	87	73.7	51.4	58.4
<b>Residents with bed sores.</b>	7	5.9	4.6	7.1
<b>Residents receiving special skin care.</b>	68	57.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE NORTHFIELD HOSP CNC

<b>Street Address:</b>		<b>City and State:</b>	
801 SECOND ST		NORTHFIELD MN 55057	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	40	LOCAL GOVERNMENT	05/11/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
39	1	12		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	31	79.5	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	35	89.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	10	25.6	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	82.1	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	79.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	25.6	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	21	53.8	42.6	50.8
<b>Residents requiring restraints.</b>	26	66.7	37.6	41.3
<b>Confused or disoriented residents.</b>	27	69.2	51.4	58.4
<b>Residents with bed sores.</b>	3	7.7	4.6	7.1
<b>Residents receiving special skin care.</b>	15	38.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORTHFIELD RETIREMENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
900 CANNON VALLEY DR		NORTHFIELD MN 55057	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	NON-PROFIT RELIGIOUS	03/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
80	0	21

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	96.2	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	33	41.2	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	37.5	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	51.2	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	33.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	4	5.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	3	3.7	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	5	6.3	26.9	39.1
<b>Residents requiring restraints.</b>	3	3.7	18.4	31.7
<b>Confused or disoriented residents.</b>	23	28.7	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	0	0.0	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## NORTHOME NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
BOX 138		NORTHOME MN 56661	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	58	PROPRIETARY	03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
41	0	36		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	92.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	75.6	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	68.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	20	48.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	26.8	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	21	51.2	42.6	50.8
<b>Residents requiring restraints.</b>	0	0.0	37.6	41.3
<b>Confused or disoriented residents.</b>	12	29.3	51.4	58.4
<b>Residents with bed sores.</b>	0	0.0	4.6	7.1
<b>Residents receiving special skin care.</b>	5	12.2	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE OLIVIA HEALTHCARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1003 WEST MAPLE		OLIVIA MN 56277	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	94	PROPRIETARY	03/31/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
92	0	49

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	73	79.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	75.0	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	59.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	64.1	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	44.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	23.9	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.1	1.0	3.4
<b>Residents confined to chairs.</b>	40	43.5	42.6	50.8
<b>Residents requiring restraints.</b>	28	30.4	37.6	41.3
<b>Confused or disoriented residents.</b>	32	34.8	51.4	58.4
<b>Residents with bed sores.</b>	7	7.6	4.6	7.1
<b>Residents receiving special skin care.</b>	20	21.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MILLE LACS HOSPITAL AND HOME

<b>Street Address:</b> 200 N ELM ST		<b>City and State:</b> ONAMIA MN 56359	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 80	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 07/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 77	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 61		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	92.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	68	88.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	83.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	74.0	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	72.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	40.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	27	35.1	42.6	50.8
<b>Residents requiring restraints.</b>	47	61.0	37.6	41.3
<b>Confused or disoriented residents.</b>	72	93.5	51.4	58.4
<b>Residents with bed sores.</b>	1	1.3	4.6	7.1
<b>Residents receiving special skin care.</b>	33	42.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORTHBRIDGE RESIDENCE

<b>Street Address:</b> 1075 ROY STREET		<b>City and State:</b> ORTONVILLE MN 56278	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 74	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 09/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 73	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 45
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	98.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	72.6	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	49	67.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	67.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	13.7	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.4	1.0	3.4
<b>Residents confined to chairs.</b>	12	16.4	42.6	50.8
<b>Residents requiring restraints.</b>	28	38.4	37.6	41.3
<b>Confused or disoriented residents.</b>	21	28.8	51.4	58.4
<b>Residents with bed sores.</b>	0	0.0	4.6	7.1
<b>Residents receiving special skin care.</b>	12	16.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COMMUNITY MEMORIAL HOME

<b>Street Address:</b>		<b>City and State:</b>	
410 MAIN STREET		OSAKIS MN 56360	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	62	NON-PROFIT OTHER	02/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
61	0	35

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	65.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	77.0	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	65.6	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	57.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	45.9	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	40	65.6	42.6	50.8
<b>Residents requiring restraints.</b>	26	42.6	37.6	41.3
<b>Confused or disoriented residents.</b>	32	52.5	51.4	58.4
<b>Residents with bed sores.</b>	1	1.6	4.6	7.1
<b>Residents receiving special skin care.</b>	27	44.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BERKSHIRE RESIDENCE

<b>Street Address:</b> 501 2ND STREET S E		<b>City and State:</b> OSSEO MN 55369	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 150	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 140	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 87		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	34.3	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	32.9	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	9	6.4	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	75.0	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	12.1	45.2	59.1
Residents on individually written bowel and bladder retraining program.	8	5.7	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	0	0.0	26.9	39.1
<b>Residents requiring restraints.</b>	0	0.0	18.4	31.7
<b>Confused or disoriented residents.</b>	30	21.4	39.4	55.8
<b>Residents with bed sores.</b>	2	1.4	2.6	4.7
<b>Residents receiving special skin care.</b>	10	7.1	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE OSSEO HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
525 SECOND STREET SOUTHEAST		OSSEO MN 55369	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	127	PROPRIETARY	08/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
123	0	93		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	80	65.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	78.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	74.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	59.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	30.9	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	37	30.1	42.6	50.8
<b>Residents requiring restraints.</b>	63	51.2	37.6	41.3
<b>Confused or disoriented residents.</b>	66	53.7	51.4	58.4
<b>Residents with bed sores.</b>	5	4.1	4.6	7.1
<b>Residents receiving special skin care.</b>	39	31.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE OSTRANDER NH

<b>Street Address:</b>  BOX 36		<b>City and State:</b>  OSTRANDER MN 55961	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  57	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  56	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  31
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	98.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	55.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	46.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	42.9	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	46.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	15	26.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	41.1	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	11	19.6	42.6	50.8
<b>Residents requiring restraints.</b>	8	14.3	37.6	41.3
<b>Confused or disoriented residents.</b>	27	48.2	51.4	58.4
<b>Residents with bed sores.</b>	4	7.1	4.6	7.1
<b>Residents receiving special skin care.</b>	9	16.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CEDARVIEW NURSING HOME

<b>Street Address:</b>  1409 SOUTH CEDAR		<b>City and State:</b>  OWATONNA MN 55060	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  108	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  11/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  108	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  58		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	94.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	83.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	80.6	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	77.8	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	59	54.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	36.1	30.3	37.7
<b>Completely bedfast residents.</b>	4	3.7	1.0	3.4
<b>Residents confined to chairs.</b>	40	37.0	42.6	50.8
<b>Residents requiring restraints.</b>	54	50.0	37.6	41.3
<b>Confused or disoriented residents.</b>	57	52.8	51.4	58.4
<b>Residents with bed sores.</b>	14	13.0	4.6	7.1
<b>Residents receiving special skin care.</b>	30	27.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE OWATONNA HCC

<b>Street Address:</b>		<b>City and State:</b>	
201 SW 18TH ST		OWATONNA MN 55060	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	95	PROPRIETARY	12/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
85	0	53	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	74.1	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	66	77.6	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	60.0	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	74.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	64	75.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	28	32.9	42.6	50.8
<b>Residents requiring restraints.</b>	12	14.1	37.6	41.3
<b>Confused or disoriented residents.</b>	48	56.5	51.4	58.4
<b>Residents with bed sores.</b>	8	9.4	4.6	7.1
<b>Residents receiving special skin care.</b>	47	55.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SUNSET NURSING HOME

<b>Street Address:</b> WEST 6TH ST		<b>City and State:</b> PARK RAPIDS MN 56470	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 130	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 08/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 114	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 84	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	77.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	66.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	61.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	89	78.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	37.7	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	65	57.0	42.6	50.8
<b>Residents requiring restraints.</b>	47	41.2	37.6	41.3
<b>Confused or disoriented residents.</b>	50	43.9	51.4	58.4
<b>Residents with bed sores.</b>	4	3.5	4.6	7.1
<b>Residents receiving special skin care.</b>	38	33.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST WILLIAMS NURSING HOME

<b>Street Address:</b> SOO STREET		<b>City and State:</b> PARKERS PRAIRIE MN 56361	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 70	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 09/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 65	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 50	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	64.6	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	49	75.4	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	67.7	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	67.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	9	13.8	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	60.0	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	36	55.4	26.9	39.1
<b>Residents requiring restraints.</b>	37	56.9	18.4	31.7
<b>Confused or disoriented residents.</b>	37	56.9	39.4	55.8
<b>Residents with bed sores.</b>	4	6.2	2.6	4.7
<b>Residents receiving special skin care.</b>	21	32.3	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PAYNESVILLE COMMUNITY HOSP CNC

<b>Street Address:</b>		<b>City and State:</b>	
200 FIRST STREET WEST		PAYNESVILLE MN 56362	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	64	LOCAL GOVERNMENT	05/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
55	1	32		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	90.9	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	74.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	70.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	69.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	10	18.2	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	38.2	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.8	1.0	3.4
<b>Residents confined to chairs.</b>	24	43.6	42.6	50.8
<b>Residents requiring restraints.</b>	23	41.8	37.6	41.3
<b>Confused or disoriented residents.</b>	35	63.6	51.4	58.4
<b>Residents with bed sores.</b>	2	3.6	4.6	7.1
<b>Residents receiving special skin care.</b>	3	5.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PAYNESVILLE GOOD SAMARITAN CENTER

<b>Street Address:</b>		<b>City and State:</b>	
311 WASHBURN AVENUE		PAYNESVILLE MN 56362	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	46	NON-PROFIT RELIGIOUS	01/28/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
46	0	31			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		15	32.6	68.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		0	0.0	56.6	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		3	6.5	46.8	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		2	4.3	72.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		7	15.2	45.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	3.4	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		0	0.0	21.7	29.3
<b>Completely bedfast residents.</b>		0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>		1	2.2	26.9	39.1
<b>Residents requiring restraints.</b>		0	0.0	18.4	31.7
<b>Confused or disoriented residents.</b>		6	13.0	39.4	55.8
<b>Residents with bed sores.</b>		0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>		0	0.0	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE GOOD SAMARITAN CENTER**

<b>Street Address:</b>		<b>City and State:</b>	
119 NORTH BROADWAY		PELICAN RAPIDS MN 56572	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	70	NON-PROFIT RELIGIOUS	08/28/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
70	0	48

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	68	97.1	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	71.4	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	62.9	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	98.6	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	61.4	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.4	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	10.0	21.7	29.3
<b>Completely bedfast residents.</b>	1	1.4	0.5	3.6
<b>Residents confined to chairs.</b>	13	18.6	26.9	39.1
<b>Residents requiring restraints.</b>	18	25.7	18.4	31.7
<b>Confused or disoriented residents.</b>	26	37.1	39.4	55.8
<b>Residents with bed sores.</b>	1	1.4	2.6	4.7
<b>Residents receiving special skin care.</b>	12	17.1	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE PELICAN VALLEY HCC

<b>Street Address:</b>		<b>City and State:</b>	
211 E MILL ST		PELICAN RAPIDS MN 56572	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	46	NON-PROFIT OTHER	01/27/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
46	0	29		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	43	93.5	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	78.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	71.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	71.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	45.7	30.3	37.7
<b>Completely bedfast residents.</b>	2	4.3	1.0	3.4
<b>Residents confined to chairs.</b>	13	28.3	42.6	50.8
<b>Residents requiring restraints.</b>	22	47.8	37.6	41.3
<b>Confused or disoriented residents.</b>	25	54.3	51.4	58.4
<b>Residents with bed sores.</b>	1	2.2	4.6	7.1
<b>Residents receiving special skin care.</b>	15	32.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PERHAM MEMORIAL HOME

<b>Street Address:</b>		<b>City and State:</b>	
665 3RD ST SW		PERHAM MN 56573	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	102	NON-PROFIT OTHER	01/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
101	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	75	74.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	70.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	59.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	62.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	5.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	21.8	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	52	51.5	42.6	50.8
<b>Residents requiring restraints.</b>	38	37.6	37.6	41.3
<b>Confused or disoriented residents.</b>	39	38.6	51.4	58.4
<b>Residents with bed sores.</b>	6	5.9	4.6	7.1
<b>Residents receiving special skin care.</b>	17	16.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST MARYS VILLA NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
FIRST AVE SOUTH AND FAUST ST		PIERZ MN 56364	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	101	NON-PROFIT RELIGIOUS	12/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
94	0	72	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	66	70.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	63.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	45.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	95.7	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	41.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	16.0	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	31	33.0	42.6	50.8
<b>Residents requiring restraints.</b>	6	6.4	37.6	41.3
<b>Confused or disoriented residents.</b>	25	26.6	51.4	58.4
<b>Residents with bed sores.</b>	7	7.4	4.6	7.1
<b>Residents receiving special skin care.</b>	28	29.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LAKESIDE MEDICAL CTR

<b>Street Address:</b>		<b>City and State:</b>	
129 E 6TH AVE		PINE CITY MN 55063	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	05/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
106	1	83

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	83.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	79.2	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	69.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	65.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	25.5	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.9	1.0	3.4
<b>Residents confined to chairs.</b>	55	51.9	42.6	50.8
<b>Residents requiring restraints.</b>	38	35.8	37.6	41.3
<b>Confused or disoriented residents.</b>	51	48.1	51.4	58.4
<b>Residents with bed sores.</b>	2	1.9	4.6	7.1
<b>Residents receiving special skin care.</b>	26	24.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PINE HAVEN

<b>Street Address:</b>		<b>City and State:</b>	
210 NW THIRD ST		PINE ISLAND MN 55963	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	74	NON-PROFIT PRIVATE	02/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
73	0	34

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	98.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	94.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	74.0	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	72.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	41.1	30.3	37.7
<b>Completely bedfast residents.</b>	5	6.8	1.0	3.4
<b>Residents confined to chairs.</b>	52	71.2	42.6	50.8
<b>Residents requiring restraints.</b>	26	35.6	37.6	41.3
<b>Confused or disoriented residents.</b>	43	58.9	51.4	58.4
<b>Residents with bed sores.</b>	3	4.1	4.6	7.1
<b>Residents receiving special skin care.</b>	27	37.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GOOD SAMARITAN CENTER

<b>Street Address:</b>		<b>City and State:</b>	
BOX 29		PINE RIVER MN 56474	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	113	NON-PROFIT OTHER	01/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
106	1	71		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	80.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	84.0	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	77	72.6	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	75	70.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	46	43.4	30.3	37.7
<b>Completely bedfast residents.</b>	18	17.0	1.0	3.4
<b>Residents confined to chairs.</b>	61	57.5	42.6	50.8
<b>Residents requiring restraints.</b>	4	3.8	37.6	41.3
<b>Confused or disoriented residents.</b>	69	65.1	51.4	58.4
<b>Residents with bed sores.</b>	8	7.5	4.6	7.1
<b>Residents receiving special skin care.</b>	28	26.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GOOD SAMARITAN VILLAGE

<b>Street Address:</b>  NORTH HIAWATHA AVE		<b>City and State:</b>  PIPESTONE MN 56164	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  126	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  08/27/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  116	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  56	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	108	93.1	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	53.4	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	50.9	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	50.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	18.1	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	15	12.9	26.9	39.1
<b>Residents requiring restraints.</b>	6	5.2	18.4	31.7
<b>Confused or disoriented residents.</b>	47	40.5	39.4	55.8
<b>Residents with bed sores.</b>	4	3.4	2.6	4.7
<b>Residents receiving special skin care.</b>	58	50.0	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PIPESTONE CO MEDICAL CTR SNF

<b>Street Address:</b> 911 5TH AVE SW		<b>City and State:</b> PIPESTONE MN 56164	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 43	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 02/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 40	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 23
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	87.5	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	92.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	87.5	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	67.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	30.0	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	25	62.5	42.6	50.8
<b>Residents requiring restraints.</b>	19	47.5	37.6	41.3
<b>Confused or disoriented residents.</b>	14	35.0	51.4	58.4
<b>Residents with bed sores.</b>	2	5.0	4.6	7.1
<b>Residents receiving special skin care.</b>	2	5.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLCREST HEALTH CARE CTR

<b>Street Address:</b> 800 SECOND AVE NW		<b>City and State:</b> PLAINVIEW MN 55964	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 71	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 01/28/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 71	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 39
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	78.9	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	61	85.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	84.5	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	76.1	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	85.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	53.5	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	49	69.0	42.6	50.8
<b>Residents requiring restraints.</b>	49	69.0	37.6	41.3
<b>Confused or disoriented residents.</b>	29	40.8	51.4	58.4
<b>Residents with bed sores.</b>	2	2.8	4.6	7.1
<b>Residents receiving special skin care.</b>	45	63.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MISSION FARMS NH

<b>Street Address:</b>		<b>City and State:</b>	
3401 MEDICINE LAKES BLVD		PLYMOUTH MN 55441	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	104	NON-PROFIT PRIVATE	11/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
88	0	80

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	36	40.9	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	42.0	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	30.7	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	20.5	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	39.8	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	8.0	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	18	20.5	26.9	39.1
<b>Residents requiring restraints.</b>	9	10.2	18.4	31.7
<b>Confused or disoriented residents.</b>	37	42.0	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	21	23.9	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PRESTON CARE CENTER

<b>Street Address:</b> 608 WINONA		<b>City and State:</b> PRESTON MN 55965	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 79	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 76	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 50	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	72.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	61	80.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	71.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	63.2	64.4	63.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	38.2	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	17	22.4	42.6	50.8
<b>Residents requiring restraints.</b>	31	40.8	37.6	41.3
<b>Confused or disoriented residents.</b>	30	39.5	51.4	58.4
<b>Residents with bed sores.</b>	5	6.6	4.6	7.1
<b>Residents receiving special skin care.</b>	21	27.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ELIM HOME

<b>Street Address:</b>		<b>City and State:</b>	
101 SOUTH SEVENTH AVENUE		PRINCETON MN 55371	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	140	NON-PROFIT RELIGIOUS	03/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
137	2	79		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	82.5	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	72.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	61.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	57.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	6	4.4	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	40.1	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	70	51.1	42.6	50.8
<b>Residents requiring restraints.</b>	56	40.9	37.6	41.3
<b>Confused or disoriented residents.</b>	93	67.9	51.4	58.4
<b>Residents with bed sores.</b>	9	6.6	4.6	7.1
<b>Residents receiving special skin care.</b>	0	0.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HILLCREST NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
311 BROADWAY AVENUE		RED LAKE FALLS MN 56750	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	74	LOCAL GOVERNMENT	05/19/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
65	0	46		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	93.8	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	87.7	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	67.7	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	67.7	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	24.6	21.7	29.3
<b>Completely bedfast residents.</b>	1	1.5	0.5	3.6
<b>Residents confined to chairs.</b>	39	60.0	26.9	39.1
<b>Residents requiring restraints.</b>	2	3.1	18.4	31.7
<b>Confused or disoriented residents.</b>	23	35.4	39.4	55.8
<b>Residents with bed sores.</b>	2	3.1	2.6	4.7
<b>Residents receiving special skin care.</b>	22	33.8	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HAVEN HEALTH CENTER

<b>Street Address:</b> 213 PIONEER RD		<b>City and State:</b> RED WING MN 55066	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 85	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 12/31/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 83	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 53	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	83	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	49.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	55.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	73.5	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	53.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	16.9	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.2	1.0	3.4
<b>Residents confined to chairs.</b>	2	2.4	42.6	50.8
<b>Residents requiring restraints.</b>	27	32.5	37.6	41.3
<b>Confused or disoriented residents.</b>	40	48.2	51.4	58.4
<b>Residents with bed sores.</b>	4	4.8	4.6	7.1
<b>Residents receiving special skin care.</b>	10	12.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RED WING NURSING HOME

<b>Street Address:</b> 1400 W FOURTH ST		<b>City and State:</b> RED WING MN 55066	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 215	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 171	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 132
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	123	71.9	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	125	73.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	123	71.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	63.7	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	94	55.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	18	10.5	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	56	32.7	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	119	69.6	42.6	50.8
<b>Residents requiring restraints.</b>	18	10.5	37.6	41.3
<b>Confused or disoriented residents.</b>	27	15.8	51.4	58.4
<b>Residents with bed sores.</b>	9	5.3	4.6	7.1
<b>Residents receiving special skin care.</b>	41	24.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SEMINARY MEMORIAL HOME

<b>Street Address:</b>		<b>City and State:</b>	
906 COLLEGE AVENUE		RED WING MN 55066	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	112	NON-PROFIT RELIGIOUS	11/06/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
102	0	44

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	80.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	82	80.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	67	65.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	71.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	4.9	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	30.4	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	44	43.1	42.6	50.8
<b>Residents requiring restraints.</b>	44	43.1	37.6	41.3
<b>Confused or disoriented residents.</b>	49	48.0	51.4	58.4
<b>Residents with bed sores.</b>	10	9.8	4.6	7.1
<b>Residents receiving special skin care.</b>	36	35.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE SUNWOOD CARE CENTER**

<b>Street Address:</b>		<b>City and State:</b>	
200 SOUTH DEKALB		REDWOOD FALLS MN 56283	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	92	NON-PROFIT OTHER	09/02/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
89	0	55	

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	#	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	65	73.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	64	71.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	67.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	56.2	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	62.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	11	12.4	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	32.6	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	42	47.2	42.6	50.8
<b>Residents requiring restraints.</b>	34	38.2	37.6	41.3
<b>Confused or disoriented residents.</b>	56	62.9	51.4	58.4
<b>Residents with bed sores.</b>	8	9.0	4.6	7.1
<b>Residents receiving special skin care.</b>	26	29.2	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WOOD DALE HOME

<b>Street Address:</b>		<b>City and State:</b>	
600 SUNRISE BOULEVARD		REDWOOD FALLS MN 56283	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	11/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
60	0	36		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	98.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	68.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	60.0	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	65.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	25.0	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.7	1.0	3.4
<b>Residents confined to chairs.</b>	17	28.3	42.6	50.8
<b>Residents requiring restraints.</b>	30	50.0	37.6	41.3
<b>Confused or disoriented residents.</b>	28	46.7	51.4	58.4
<b>Residents with bed sores.</b>	1	1.7	4.6	7.1
<b>Residents receiving special skin care.</b>	1	1.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE REN VILLA NURSING HOME

<b>Street Address:</b> 205 SE ELM ST		<b>City and State:</b> RENVILLE MN 56284	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 76	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 12/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 76	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 44	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	20	26.3	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	69.7	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	63	82.9	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	75.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	41	53.9	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	13.2	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	46	60.5	26.9	39.1
<b>Residents requiring restraints.</b>	15	19.7	18.4	31.7
<b>Confused or disoriented residents.</b>	40	52.6	39.4	55.8
<b>Residents with bed sores.</b>	3	3.9	2.6	4.7
<b>Residents receiving special skin care.</b>	23	30.3	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE FOUR SEASONS CARE CTR--RICHFIELD**

<b>Street Address:</b>  7727 PORTLAND AVENUE SOUTH		<b>City and State:</b>  RICHFIELD MN 55423	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  175	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  10/29/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>  135	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  77	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	117	86.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	74.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	62.2	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	89.6	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	96	71.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	25.9	30.3	37.7
<b>Completely bedfast residents.</b>	2	1.5	1.0	3.4
<b>Residents confined to chairs.</b>	73	54.1	42.6	50.8
<b>Residents requiring restraints.</b>	32	23.7	37.6	41.3
<b>Confused or disoriented residents.</b>	68	50.4	51.4	58.4
<b>Residents with bed sores.</b>	12	8.9	4.6	7.1
<b>Residents receiving special skin care.</b>	45	33.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TREVILLA OF ROBBINSDALE

<b>Street Address:</b> 3130 GRIMES AVE N		<b>City and State:</b> ROBBINSDALE MN 55422	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 132	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 131	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 126
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	131	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	107	81.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	104	79.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	124	94.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	47.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	126	96.2	42.6	50.8
<b>Residents requiring restraints.</b>	0	0.0	37.6	41.3
<b>Confused or disoriented residents.</b>	7	5.3	51.4	58.4
<b>Residents with bed sores.</b>	3	2.3	4.6	7.1
<b>Residents receiving special skin care.</b>	100	76.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BETHANY SAMARITAN HEIGHTS

<b>Street Address:</b>		<b>City and State:</b>	
1530 ELEVENTH AVENUE NORTHWEST		ROCHESTER MN 55901	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	03/10/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
116	3	72		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	114	98.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	85.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	81.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	92	79.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	31.9	30.3	37.7
Completely bedfast residents.	1	0.9	1.0	3.4
Residents confined to chairs.	57	49.1	42.6	50.8
Residents requiring restraints.	74	63.8	37.6	41.3
Confused or disoriented residents.	77	66.4	51.4	58.4
Residents with bed sores.	10	8.6	4.6	7.1
Residents receiving special skin care.	63	54.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CHARTER HOUSE

<b>Street Address:</b>		<b>City and State:</b>	
211 NORTHWEST SECOND STREET		ROCHESTER MN 55901	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	34	NON-PROFIT PRIVATE	11/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
32	1	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	21	65.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	27	84.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	25	78.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	50.0	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	13	40.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	15.6	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	6	18.8	42.6	50.8
<b>Residents requiring restraints.</b>	12	37.5	37.6	41.3
<b>Confused or disoriented residents.</b>	11	34.4	51.4	58.4
<b>Residents with bed sores.</b>	0	0.0	4.6	7.1
<b>Residents receiving special skin care.</b>	10	31.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MADONNA TOWERS NURSING HOME

<b>Street Address:</b> 4001 19TH AVE NW		<b>City and State:</b> ROCHESTER MN 55901	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 62	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 07/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 59	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 5		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	94.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	62.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	71.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	27.1	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.7	1.0	3.4
<b>Residents confined to chairs.</b>	34	57.6	42.6	50.8
<b>Residents requiring restraints.</b>	29	49.2	37.6	41.3
<b>Confused or disoriented residents.</b>	42	71.2	51.4	58.4
<b>Residents with bed sores.</b>	0	0.0	4.6	7.1
<b>Residents receiving special skin care.</b>	38	64.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MAPLE MANOR NURSING HOME

<b>Street Address:</b>  1875 19TH STREET NORTHWEST		<b>City and State:</b>  ROCHESTER MN 55901	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  109	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  11/13/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  109	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  57
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

<b>Bathing</b>  Residents requiring some or total assistance in bathing.	87	79.8	82.4	81.5
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	75	68.8	77.5	83.2
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	69	63.3	66.6	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	57.8	89.7	77.2
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	65	59.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.4	4.6
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	21	19.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	30	27.5	42.6	50.8
<b>Residents requiring restraints.</b>	35	32.1	37.6	41.3
<b>Confused or disoriented residents.</b>	44	40.4	51.4	58.4
<b>Residents with bed sores.</b>	5	4.6	4.6	7.1
<b>Residents receiving special skin care.</b>	43	39.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE ROCHESTER HEALTH CARE CENTER**

<b>Street Address:</b>		<b>City and State:</b>	
2215 HIGHWAY 52 NORTH		ROCHESTER MN 55901	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	68	PROPRIETARY	12/16/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
64	0	40	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	82.8	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	61	95.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	79.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	76.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	7.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	15.6	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	21	32.8	42.6	50.8
<b>Residents requiring restraints.</b>	38	59.4	37.6	41.3
<b>Confused or disoriented residents.</b>	49	76.6	51.4	58.4
<b>Residents with bed sores.</b>	8	12.5	4.6	7.1
<b>Residents receiving special skin care.</b>	38	59.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SAMARITAN BETHANY HOME

<b>Street Address:</b> 24 EIGHTH ST NW, BOX 5947		<b>City and State:</b> ROCHESTER MN 55903	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 122	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 10/01/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 120	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 67
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	85.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	82.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	72.5	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	92	76.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	25.8	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.8	1.0	3.4
<b>Residents confined to chairs.</b>	75	62.5	42.6	50.8
<b>Residents requiring restraints.</b>	66	55.0	37.6	41.3
<b>Confused or disoriented residents.</b>	53	44.2	51.4	58.4
<b>Residents with bed sores.</b>	4	3.3	4.6	7.1
<b>Residents receiving special skin care.</b>	67	55.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WOODSIDE CONV CTR

<b>Street Address:</b> 501 8TH AVENUE SE		<b>City and State:</b> ROCHESTER MN 55904	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 159	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 145	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 85		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	73.8	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	104	71.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	57.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	36.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	6	4.1	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	25.5	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.7	1.0	3.4
<b>Residents confined to chairs.</b>	69	47.6	42.6	50.8
<b>Residents requiring restraints.</b>	51	35.2	37.6	41.3
<b>Confused or disoriented residents.</b>	92	63.4	51.4	58.4
<b>Residents with bed sores.</b>	12	8.3	4.6	7.1
<b>Residents receiving special skin care.</b>	102	70.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE ROSEAU AREA HOSP CNC

<b>Street Address:</b> 715 3RD AVE SE		<b>City and State:</b> ROSEAU MN 56751	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 64	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 08/13/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 63		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 31	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		54	85.7	82.4	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		43	68.3	77.5	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		43	68.3	66.6	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	79.4	89.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		43	68.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	4.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		12	19.0	30.3	37.7
<b>Completely bedfast residents.</b>		0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>		23	36.5	42.6	50.8
<b>Residents requiring restraints.</b>		0	0.0	37.6	41.3
<b>Confused or disoriented residents.</b>		43	68.3	51.4	58.4
<b>Residents with bed sores.</b>		5	7.9	4.6	7.1
<b>Residents receiving special skin care.</b>		23	36.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GOLDEN AGE HEALTH CARE CTR

<b>Street Address:</b> 1415 COUNTY RD B		<b>City and State:</b> ROSEVILLE MN 55113	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 141	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 131	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 89		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	74.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	112	85.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	98	74.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	75.6	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	99	75.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	29.0	30.3	37.7
<b>Completely bedfast residents.</b>	2	1.5	1.0	3.4
<b>Residents confined to chairs.</b>	81	61.8	42.6	50.8
<b>Residents requiring restraints.</b>	53	40.5	37.6	41.3
<b>Confused or disoriented residents.</b>	47	35.9	51.4	58.4
<b>Residents with bed sores.</b>	10	7.6	4.6	7.1
<b>Residents receiving special skin care.</b>	37	28.2	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ROSE OF SHARON MANOR

<b>Street Address:</b> 1000 LOVELL AVE		<b>City and State:</b> ROSEVILLE MN 55113	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 85	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 83	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 61
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	91.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	73	88.0	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	81.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	75.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	34.9	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	53	63.9	42.6	50.8
<b>Residents requiring restraints.</b>	45	54.2	37.6	41.3
<b>Confused or disoriented residents.</b>	39	47.0	51.4	58.4
<b>Residents with bed sores.</b>	8	9.6	4.6	7.1
<b>Residents receiving special skin care.</b>	31	37.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WHITEHOUSE HEALTH CARE CENTER

<b>Street Address:</b>  563 WEST COUNTY ROAD B		<b>City and State:</b>  ROSEVILLE MN 55113	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  79	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  10/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  75	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  54
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	69	92.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	65	86.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	70.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	68.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	5.3	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	36.0	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.3	1.0	3.4
<b>Residents confined to chairs.</b>	49	65.3	42.6	50.8
<b>Residents requiring restraints.</b>	36	48.0	37.6	41.3
<b>Confused or disoriented residents.</b>	49	65.3	51.4	58.4
<b>Residents with bed sores.</b>	4	5.3	4.6	7.1
<b>Residents receiving special skin care.</b>	15	20.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HILLCREST HEALTH CARE CTR

<b>Street Address:</b> 650 BREMER AVE S		<b>City and State:</b> RUSH CITY MN 55069	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/22/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 41	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 29	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	97.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	75.6	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	18	43.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	28	68.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	7.3	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	46.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	21	51.2	42.6	50.8
<b>Residents requiring restraints.</b>	17	41.5	37.6	41.3
<b>Confused or disoriented residents.</b>	11	26.8	51.4	58.4
<b>Residents with bed sores.</b>	2	4.9	4.6	7.1
<b>Residents receiving special skin care.</b>	12	29.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GOOD SHEPHERD LUTHERAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
800 HOME ST		RUSHFORD MN 55971	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	98	NON-PROFIT RELIGIOUS	08/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
95	0	63

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	81.1	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	81.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	61	64.2	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	65.3	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	59	62.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	15	15.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	25.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	21	22.1	42.6	50.8
<b>Residents requiring restraints.</b>	47	49.5	37.6	41.3
<b>Confused or disoriented residents.</b>	52	54.7	51.4	58.4
<b>Residents with bed sores.</b>	2	2.1	4.6	7.1
<b>Residents receiving special skin care.</b>	52	54.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WHITEWATER HLTH CARE CTR

<b>Street Address:</b> 525 BLUFF AVENUE		<b>City and State:</b> SAINT CHARLES MN 55972	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 76	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 70	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 48	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	88.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	64	91.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	58.6	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	68.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	7.1	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	40.0	30.3	37.7
<b>Completely bedfast residents.</b>	2	2.9	1.0	3.4
<b>Residents confined to chairs.</b>	30	42.9	42.6	50.8
<b>Residents requiring restraints.</b>	10	14.3	37.6	41.3
<b>Confused or disoriented residents.</b>	39	55.7	51.4	58.4
<b>Residents with bed sores.</b>	4	5.7	4.6	7.1
<b>Residents receiving special skin care.</b>	26	37.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST CLOUD MANOR

<b>Street Address:</b> 1717 MICHIGAN AVE SE		<b>City and State:</b> SAINT CLOUD MN 56304	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 108	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/30/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 93	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 56	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	92	98.9	82.4	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	65	69.9	77.5	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	57	61.3	66.6	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	100	89.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	57	61.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	27	29.0	4.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	37	39.8	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	65	69.9	42.6	50.8
<b>Residents requiring restraints.</b>	52	55.9	37.6	41.3
<b>Confused or disoriented residents.</b>	44	47.3	51.4	58.4
<b>Residents with bed sores.</b>	2	2.2	4.6	7.1
<b>Residents receiving special skin care.</b>	18	19.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PLEASANTVIEW GOOD SAMARITAN CENTER

<b>Street Address:</b> 1000 SOUTH 2ND ST		<b>City and State:</b> SAINT JAMES MN 56081	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 79	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 79	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 31	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	70	88.6	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	64	81.0	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	52	65.8	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	44.3	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	31.6	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	23	29.1	26.9	39.1
<b>Residents requiring restraints.</b>	33	41.8	18.4	31.7
<b>Confused or disoriented residents.</b>	40	50.6	39.4	55.8
<b>Residents with bed sores.</b>	3	3.8	2.6	4.7
<b>Residents receiving special skin care.</b>	0	0.0	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## METHODIST HOSPITAL EXTENDED CARE FACIL

<b>Street Address:</b> 6500 EXCELSIOR BLVD		<b>City and State:</b> SAINT LOUIS PARK MN 55426	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 35	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 03/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 30	<b>Medicare Residents:</b> 11	<b>Medicaid Residents:</b> 2
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	28	93.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	93.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	93.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	20	66.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	26.7	30.3	37.7
<b>Completely bedfast residents.</b>	3	10.0	1.0	3.4
<b>Residents confined to chairs.</b>	14	46.7	42.6	50.8
<b>Residents requiring restraints.</b>	6	20.0	37.6	41.3
<b>Confused or disoriented residents.</b>	7	23.3	51.4	58.4
<b>Residents with bed sores.</b>	2	6.7	4.6	7.1
<b>Residents receiving special skin care.</b>	2	6.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE PARK NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
4415 WEST 36 1-2 STREET		SAINT LOUIS PARK MN 55416	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	09/03/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
118	0	73	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	103	87.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	83.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	73.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	77.1	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	86	72.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	27.1	30.3	37.7
<b>Completely bedfast residents.</b>	4	3.4	1.0	3.4
<b>Residents confined to chairs.</b>	80	67.8	42.6	50.8
<b>Residents requiring restraints.</b>	69	58.5	37.6	41.3
<b>Confused or disoriented residents.</b>	79	66.9	51.4	58.4
<b>Residents with bed sores.</b>	2	1.7	4.6	7.1
<b>Residents receiving special skin care.</b>	49	41.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## ST LOUIS PARK PLAZA HEALTH CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
3201 VIRGINIA AVE S		SAINT LOUIS PARK MN 55426	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	273	PROPRIETARY	11/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
249	0	187	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	227	91.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	191	76.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	159	63.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	249	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	138	55.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	10	4.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	81	32.5	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.4	1.0	3.4
<b>Residents confined to chairs.</b>	60	24.1	42.6	50.8
<b>Residents requiring restraints.</b>	117	47.0	37.6	41.3
<b>Confused or disoriented residents.</b>	133	53.4	51.4	58.4
<b>Residents with bed sores.</b>	17	6.8	4.6	7.1
<b>Residents receiving special skin care.</b>	83	33.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## TEXAS TERRACE CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
7900 WEST 28TH STREET		SAINT LOUIS PARK MN 55426	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	194	PROPRIETARY	12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
178	1	95

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	164	92.1	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	136	76.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	107	60.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	106	59.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	24.2	30.3	37.7
<b>Completely bedfast residents.</b>	6	3.4	1.0	3.4
<b>Residents confined to chairs.</b>	87	48.9	42.6	50.8
<b>Residents requiring restraints.</b>	66	37.1	37.6	41.3
<b>Confused or disoriented residents.</b>	100	56.2	51.4	58.4
<b>Residents with bed sores.</b>	13	7.3	4.6	7.1
<b>Residents receiving special skin care.</b>	30	16.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WESTWOOD NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
7500 WEST 22ND STREET		SAINT LOUIS PARK MN 55426	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	212	PROPRIETARY	10/22/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
205	2	124	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	152	74.1	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	143	69.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	133	64.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	205	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	108	52.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	6	2.9	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	66	32.2	30.3	37.7
<b>Completely bedfast residents.</b>	6	2.9	1.0	3.4
<b>Residents confined to chairs.</b>	135	65.9	42.6	50.8
<b>Residents requiring restraints.</b>	83	40.5	37.6	41.3
<b>Confused or disoriented residents.</b>	95	46.3	51.4	58.4
<b>Residents with bed sores.</b>	9	4.4	4.6	7.1
<b>Residents receiving special skin care.</b>	33	16.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BETHEL CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
420 MARSHALL AVENUE		SAINT PAUL MN 55102	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	149	PROPRIETARY	08/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
147		6		131	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		104	70.7	82.4	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		108	73.5	77.5	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		82	55.8	66.6	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		147	100	89.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		100	68.0	64.4	58.2
Residents on individually written bowel and bladder retraining program.		1	0.7	4.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		30	20.4	30.3	37.7
<b>Completely bedfast residents.</b>		9	6.1	1.0	3.4
<b>Residents confined to chairs.</b>		57	38.8	42.6	50.8
<b>Residents requiring restraints.</b>		33	22.4	37.6	41.3
<b>Confused or disoriented residents.</b>		72	49.0	51.4	58.4
<b>Residents with bed sores.</b>		8	5.4	4.6	7.1
<b>Residents receiving special skin care.</b>		26	17.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BETHESDA LUTHERAN CARE CENTER

<b>Street Address:</b> 558 CAPITOL BOULEVARD		<b>City and State:</b> SAINT PAUL MN 55103	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 138	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 08/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 138		<b>Medicare Residents:</b> 3		<b>Medicaid Residents:</b> 89			
				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				109	79.0	82.4	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				120	87.0	77.5	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				113	81.9	66.6	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				120	87.0	89.7	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				95	68.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.				37	26.8	4.4	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				31	22.5	30.3	37.7
<b>Completely bedfast residents.</b>				1	0.7	1.0	3.4
<b>Residents confined to chairs.</b>				99	71.7	42.6	50.8
<b>Residents requiring restraints.</b>				83	60.1	37.6	41.3
<b>Confused or disoriented residents.</b>				57	41.3	51.4	58.4
<b>Residents with bed sores.</b>				7	5.1	4.6	7.1
<b>Residents receiving special skin care.</b>				27	19.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COMMONWEALTH HEALTHCARE CTR

<b>Street Address:</b>  2237 COMMONWEALTH AVE		<b>City and State:</b>  SAINT PAUL MN 55108	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  108	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  09/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  76		<b>Medicare Residents:</b>  1		<b>Medicaid Residents:</b>  53	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		70	92.1	82.4	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		48	63.2	77.5	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		50	65.8	66.6	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		40	52.6	89.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		40	52.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.		1	1.3	4.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		14	18.4	30.3	37.7
<b>Completely bedfast residents.</b>		0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>		37	48.7	42.6	50.8
<b>Residents requiring restraints.</b>		53	69.7	37.6	41.3
<b>Confused or disoriented residents.</b>		52	68.4	51.4	58.4
<b>Residents with bed sores.</b>		6	7.9	4.6	7.1
<b>Residents receiving special skin care.</b>		14	18.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EPISCOPAL CHURCH HOME OF MINNESOTA

<b>Street Address:</b>  1879 FERONIA AVENUE		<b>City and State:</b>  SAINT PAUL MN 55104	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  131	<b>Type of Ownership:</b>  NON-PROFIT PRIVATE	<b>Survey Date:</b>  03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  127	<b>Medicare Residents:</b>  7	<b>Medicaid Residents:</b>  40		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	100	78.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	59	46.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	28.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	55.9	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	36.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	28.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	24	18.9	42.6	50.8
<b>Residents requiring restraints.</b>	22	17.3	37.6	41.3
<b>Confused or disoriented residents.</b>	12	9.4	51.4	58.4
<b>Residents with bed sores.</b>	1	0.8	4.6	7.1
<b>Residents receiving special skin care.</b>	15	11.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FOUR SEASONS CARE CENTER--CENTRAL

<b>Street Address:</b> 375 N LEXINGTON AVE		<b>City and State:</b> SAINT PAUL MN 55104	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 186	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 128	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 85	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	121	94.5	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	95	74.2	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	86	67.2	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	91	71.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	27.3	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.8	1.0	3.4
<b>Residents confined to chairs.</b>	88	68.8	42.6	50.8
<b>Residents requiring restraints.</b>	54	42.2	37.6	41.3
<b>Confused or disoriented residents.</b>	74	57.8	51.4	58.4
<b>Residents with bed sores.</b>	9	7.0	4.6	7.1
<b>Residents receiving special skin care.</b>	32	25.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE FOUR SEASONS CARE CENTER-CAPITOL

<b>Street Address:</b> 445 GALTIER STREET		<b>City and State:</b> SAINT PAUL MN 55103	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 145	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/17/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 128	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 114	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	78.9	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	64.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	62	48.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	57.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	16.4	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	34	26.6	42.6	50.8
<b>Residents requiring restraints.</b>	45	35.2	37.6	41.3
<b>Confused or disoriented residents.</b>	67	52.3	51.4	58.4
<b>Residents with bed sores.</b>	3	2.3	4.6	7.1
<b>Residents receiving special skin care.</b>	30	23.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HARMONY NURSING HOME INC

<b>Street Address:</b> 135 EAST GERANIUM		<b>City and State:</b> SAINT PAUL MN 55117	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 150	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 124	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 31		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	114	91.9	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	111	89.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	108	87.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	84.7	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	107	86.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	20	16.1	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	35.5	30.3	37.7
<b>Completely bedfast residents.</b>	4	3.2	1.0	3.4
<b>Residents confined to chairs.</b>	62	50.0	42.6	50.8
<b>Residents requiring restraints.</b>	59	47.6	37.6	41.3
<b>Confused or disoriented residents.</b>	69	55.6	51.4	58.4
<b>Residents with bed sores.</b>	10	8.1	4.6	7.1
<b>Residents receiving special skin care.</b>	37	29.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HAYES RESIDENCE

<b>Street Address:</b>		<b>City and State:</b>	
1620 RANDOLPH		SAINT PAUL MN 55105	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	40	PROPRIETARY	12/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
39	0	35		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	7	17.9	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	4	10.3	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	17.9	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	7	17.9	45.2	59.1
Residents on individually written bowel and bladder retraining program.	4	10.3	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	0	0.0	26.9	39.1
<b>Residents requiring restraints.</b>	0	0.0	18.4	31.7
<b>Confused or disoriented residents.</b>	2	5.1	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	8	20.5	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HEALTHEAST TRANS. CARE CENTER-MIDWAY

<b>Street Address:</b>		<b>City and State:</b>	
1700 UNIVERSITY AVENUE		SAINT PAUL MN 55104	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	39	NON-PROFIT RELIGIOUS	03/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
28	18	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	28	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	100	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	100	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	18	64.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	75.0	30.3	37.7
<b>Completely bedfast residents.</b>	3	10.7	1.0	3.4
<b>Residents confined to chairs.</b>	6	21.4	42.6	50.8
<b>Residents requiring restraints.</b>	7	25.0	37.6	41.3
<b>Confused or disoriented residents.</b>	9	32.1	51.4	58.4
<b>Residents with bed sores.</b>	2	7.1	4.6	7.1
<b>Residents receiving special skin care.</b>	3	10.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HEALTHEAST TRANSITIONAL CARE CENTER

<b>Street Address:</b> 559 CAPITOL BLVD		<b>City and State:</b> SAINT PAUL MN 55103	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 34	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 12/07/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 7	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	5	71.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	7	100	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	7	100	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	5	71.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	2	28.6	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	1	14.3	42.6	50.8
<b>Residents requiring restraints.</b>	2	28.6	37.6	41.3
<b>Confused or disoriented residents.</b>	2	28.6	51.4	58.4
<b>Residents with bed sores.</b>	1	14.3	4.6	7.1
<b>Residents receiving special skin care.</b>	1	14.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HIGHLAND CHATEAU HEALTH CARE CENTER

<b>Street Address:</b> 2319 W 7TH ST		<b>City and State:</b> SAINT PAUL MN 55116	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 111	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/31/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 84	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 11		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	96.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	91.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	82.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	72.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	36.9	30.3	37.7
<b>Completely bedfast residents.</b>	2	2.4	1.0	3.4
<b>Residents confined to chairs.</b>	26	31.0	42.6	50.8
<b>Residents requiring restraints.</b>	13	15.5	37.6	41.3
<b>Confused or disoriented residents.</b>	43	51.2	51.4	58.4
<b>Residents with bed sores.</b>	7	8.3	4.6	7.1
<b>Residents receiving special skin care.</b>	43	51.2	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LAKE RIDGE HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2727 VICTORIA STREET		SAINT PAUL MN 55113	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	03/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
167	2	15

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	67.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	124	74.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	100	59.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	84	50.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	9	5.4	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	31.1	30.3	37.7
<b>Completely bedfast residents.</b>	2	1.2	1.0	3.4
<b>Residents confined to chairs.</b>	67	40.1	42.6	50.8
<b>Residents requiring restraints.</b>	54	32.3	37.6	41.3
<b>Confused or disoriented residents.</b>	77	46.1	51.4	58.4
<b>Residents with bed sores.</b>	8	4.8	4.6	7.1
<b>Residents receiving special skin care.</b>	28	16.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LANGTON LAKE PLACE

<b>Street Address:</b>		<b>City and State:</b>	
1910 W COUNTY ROAD D		SAINT PAUL MN 55112	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	165	NON-PROFIT RELIGIOUS	07/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
29	0	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	20	69.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	19	65.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	14	48.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	48.3	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	18	62.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	2	6.9	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	5	17.2	42.6	50.8
<b>Residents requiring restraints.</b>	4	13.8	37.6	41.3
<b>Confused or disoriented residents.</b>	3	10.3	51.4	58.4
<b>Residents with bed sores.</b>	1	3.4	4.6	7.1
<b>Residents receiving special skin care.</b>	0	0.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LITTLE SISTERS OF THE POOR

<b>Street Address:</b>		<b>City and State:</b>	
330 S EXCHANGE ST		SAINT PAUL MN 55102	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	118	NON-PROFIT RELIGIOUS	01/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
110	0	100			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		80	72.7	82.4	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		62	56.4	77.5	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		45	40.9	66.6	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		55	50.0	89.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		55	50.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.		1	0.9	4.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		17	15.5	30.3	37.7
<b>Completely bedfast residents.</b>		0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>		32	29.1	42.6	50.8
<b>Residents requiring restraints.</b>		25	22.7	37.6	41.3
<b>Confused or disoriented residents.</b>		44	40.0	51.4	58.4
<b>Residents with bed sores.</b>		4	3.6	4.6	7.1
<b>Residents receiving special skin care.</b>		31	28.2	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LYNGBLOMSTEN CARE CENTER

<b>Street Address:</b>  1415 ALMOND AVE		<b>City and State:</b>  SAINT PAUL MN 55108	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  256	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  251	<b>Medicare Residents:</b>  2	<b>Medicaid Residents:</b>  111
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	221	88.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	213	84.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	193	76.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	220	87.6	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	197	78.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	1.6	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	73	29.1	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.4	1.0	3.4
<b>Residents confined to chairs.</b>	139	55.4	42.6	50.8
<b>Residents requiring restraints.</b>	141	56.2	37.6	41.3
<b>Confused or disoriented residents.</b>	144	57.4	51.4	58.4
<b>Residents with bed sores.</b>	12	4.8	4.6	7.1
<b>Residents receiving special skin care.</b>	54	21.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LYNNHURST HCC

<b>Street Address:</b>		<b>City and State:</b>	
471 LYNNHURST AVE W		SAINT PAUL MN 55104	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	08/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
71		0		54	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		46	64.8	82.4	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		58	81.7	77.5	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		52	73.2	66.6	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		49	69.0	89.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		36	50.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.		3	4.2	4.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		15	21.1	30.3	37.7
<b>Completely bedfast residents.</b>		1	1.4	1.0	3.4
<b>Residents confined to chairs.</b>		24	33.8	42.6	50.8
<b>Residents requiring restraints.</b>		28	39.4	37.6	41.3
<b>Confused or disoriented residents.</b>		40	56.3	51.4	58.4
<b>Residents with bed sores.</b>		6	8.5	4.6	7.1
<b>Residents receiving special skin care.</b>		17	23.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PARKWAY MANOR HEALTHCARE CENTER

<b>Street Address:</b> 324 JOHNSON PARKWAY		<b>City and State:</b> SAINT PAUL MN 55106	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 292	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 247	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 192	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	243	98.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	205	83.0	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	164	66.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	247	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	148	59.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	21.1	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	105	42.5	42.6	50.8
<b>Residents requiring restraints.</b>	86	34.8	37.6	41.3
<b>Confused or disoriented residents.</b>	131	53.0	51.4	58.4
<b>Residents with bed sores.</b>	22	8.9	4.6	7.1
<b>Residents receiving special skin care.</b>	47	19.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PLEASANT HILL CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
391 PLEASANT AVE		SAINT PAUL MN 55102	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
87	4	67		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	93.1	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	79.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	67.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	65.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	23.0	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.1	1.0	3.4
<b>Residents confined to chairs.</b>	40	46.0	42.6	50.8
<b>Residents requiring restraints.</b>	23	26.4	37.6	41.3
<b>Confused or disoriented residents.</b>	64	73.6	51.4	58.4
<b>Residents with bed sores.</b>	4	4.6	4.6	7.1
<b>Residents receiving special skin care.</b>	22	25.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE RAMSEY NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
2000 WHITE BEAR AVENUE		SAINT PAUL MN 55109	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	LOCAL GOVERNMENT	12/17/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
172	2	143	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	121	70.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	128	74.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	101	58.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	85.5	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	94	54.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	49	28.5	30.3	37.7
<b>Completely bedfast residents.</b>	2	1.2	1.0	3.4
<b>Residents confined to chairs.</b>	85	49.4	42.6	50.8
<b>Residents requiring restraints.</b>	58	33.7	37.6	41.3
<b>Confused or disoriented residents.</b>	77	44.8	51.4	58.4
<b>Residents with bed sores.</b>	9	5.2	4.6	7.1
<b>Residents receiving special skin care.</b>	46	26.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SHOLOM HOME INC

<b>Street Address:</b> 1554 MIDWAY PKWY		<b>City and State:</b> SAINT PAUL MN 55108	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 302	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 05/12/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 284	<b>Medicare Residents:</b> 10	<b>Medicaid Residents:</b> 178		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	270	95.1	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	217	76.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	188	66.2	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	56.3	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	192	67.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	1.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	18.3	30.3	37.7
<b>Completely bedfast residents.</b>	2	0.7	1.0	3.4
<b>Residents confined to chairs.</b>	41	14.4	42.6	50.8
<b>Residents requiring restraints.</b>	106	37.3	37.6	41.3
<b>Confused or disoriented residents.</b>	180	63.4	51.4	58.4
<b>Residents with bed sores.</b>	5	1.8	4.6	7.1
<b>Residents receiving special skin care.</b>	60	21.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SOUTHVIEW ACRES HLTH CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
2000 OAKDALE AVE		SAINT PAUL MN 55118	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	262	PROPRIETARY	11/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
254	8	147

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	238	93.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	234	92.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	200	78.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	254	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	211	83.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	0.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	96	37.8	30.3	37.7
<b>Completely bedfast residents.</b>	2	0.8	1.0	3.4
<b>Residents confined to chairs.</b>	147	57.9	42.6	50.8
<b>Residents requiring restraints.</b>	148	58.3	37.6	41.3
<b>Confused or disoriented residents.</b>	134	52.8	51.4	58.4
<b>Residents with bed sores.</b>	3	1.2	4.6	7.1
<b>Residents receiving special skin care.</b>	38	15.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE ST MARYS HOME

<b>Street Address:</b>		<b>City and State:</b>	
1925 NORFOLK AVENUE		SAINT PAUL MN 55116	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	140	NON-PROFIT RELIGIOUS	10/02/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
138	1	70		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	58.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	73.2	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	60.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	71.7	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	85	61.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	12	8.7	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	11.6	30.3	37.7
<b>Completely bedfast residents.</b>	2	1.4	1.0	3.4
<b>Residents confined to chairs.</b>	63	45.7	42.6	50.8
<b>Residents requiring restraints.</b>	65	47.1	37.6	41.3
<b>Confused or disoriented residents.</b>	67	48.6	51.4	58.4
<b>Residents with bed sores.</b>	5	3.6	4.6	7.1
<b>Residents receiving special skin care.</b>	46	33.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE ST PAUL'S CHURCH HOME

<b>Street Address:</b>		<b>City and State:</b>	
484 ASHLAND AVE		SAINT PAUL MN 55102	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	128	NON-PROFIT OTHER	05/12/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
115	2	78		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	67	58.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	73.0	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	47.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	64.3	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	49.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	15.7	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	38	33.0	42.6	50.8
<b>Residents requiring restraints.</b>	41	35.7	37.6	41.3
<b>Confused or disoriented residents.</b>	46	40.0	51.4	58.4
<b>Residents with bed sores.</b>	6	5.2	4.6	7.1
<b>Residents receiving special skin care.</b>	29	25.2	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE TEAM CENTER

<b>Street Address:</b>		<b>City and State:</b>	
54 W EXCHANGE ST		SAINT PAUL MN 55102	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	41	NON-PROFIT PRIVATE	03/09/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
32	0	15	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	0	0.0	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	0	0.0	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	0	0.0	26.9	39.1
<b>Residents requiring restraints.</b>	0	0.0	18.4	31.7
<b>Confused or disoriented residents.</b>	0	0.0	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	0	0.0	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TWIN CITY LINNEA HOME

<b>Street Address:</b> 2040 W COMO AVE		<b>City and State:</b> SAINT PAUL MN 55108	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 73	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 10/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 69	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 47	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	18	26.1	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	2	2.9	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	27.5	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	2	2.9	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	0	0.0	26.9	39.1
<b>Residents requiring restraints.</b>	0	0.0	18.4	31.7
<b>Confused or disoriented residents.</b>	12	17.4	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	11	15.9	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WILDER HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
512 HUMBOLDT AVE		SAINT PAUL MN 55107	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	147	NON-PROFIT OTHER	07/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
147	1	90	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	136	92.5	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	134	91.2	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	123	83.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	129	87.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	57	38.8	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	51	34.7	42.6	50.8
<b>Residents requiring restraints.</b>	106	72.1	37.6	41.3
<b>Confused or disoriented residents.</b>	102	69.4	51.4	58.4
<b>Residents with bed sores.</b>	5	3.4	4.6	7.1
<b>Residents receiving special skin care.</b>	29	19.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WILDER RESIDENCE EAST

<b>Street Address:</b> 696 DELLWOOD EAST		<b>City and State:</b> SAINT PAUL MN 55106	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 108	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 04/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 101	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 57
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	75.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	45.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	29.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	76.2	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	32.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	23.8	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	30	29.7	42.6	50.8
<b>Residents requiring restraints.</b>	23	22.8	37.6	41.3
<b>Confused or disoriented residents.</b>	33	32.7	51.4	58.4
<b>Residents with bed sores.</b>	2	2.0	4.6	7.1
<b>Residents receiving special skin care.</b>	15	14.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WILDER RESIDENCE WEST

<b>Street Address:</b>		<b>City and State:</b>	
514 HUMBOLDT AVENUE		SAINT PAUL MN 55107	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT PRIVATE	07/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
49	0	21		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	77.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	73.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	55.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	51.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	14.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	27	55.1	42.6	50.8
<b>Residents requiring restraints.</b>	14	28.6	37.6	41.3
<b>Confused or disoriented residents.</b>	28	57.1	51.4	58.4
<b>Residents with bed sores.</b>	1	2.0	4.6	7.1
<b>Residents receiving special skin care.</b>	29	59.2	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GRANDVIEW CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
830 NORTH SUNRISE DRIVE		SAINT PETER MN 56082	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	76	PROPRIETARY	10/29/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
74	3	44	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	77.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	74.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	64.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	66.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	31.1	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.4	1.0	3.4
<b>Residents confined to chairs.</b>	29	39.2	42.6	50.8
<b>Residents requiring restraints.</b>	33	44.6	37.6	41.3
<b>Confused or disoriented residents.</b>	24	32.4	51.4	58.4
<b>Residents with bed sores.</b>	6	8.1	4.6	7.1
<b>Residents receiving special skin care.</b>	3	4.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST PETER COMMUNITY HEALTH CARE CTR

<b>Street Address:</b>  618 W BROADWAY		<b>City and State:</b>  SAINT PETER MN 56082	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  85	<b>Type of Ownership:</b>  LOCAL GOVERNMENT	<b>Survey Date:</b>  04/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  81	<b>Medicare Residents:</b>  6	<b>Medicaid Residents:</b>  41
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	91.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	88.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	80.2	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	80.2	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	80.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	58.0	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	30	37.0	42.6	50.8
<b>Residents requiring restraints.</b>	28	34.6	37.6	41.3
<b>Confused or disoriented residents.</b>	44	54.3	51.4	58.4
<b>Residents with bed sores.</b>	8	9.9	4.6	7.1
<b>Residents receiving special skin care.</b>	16	19.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SANDSTONE AREA NURSING HOME

<b>Street Address:</b> 317 COURT		<b>City and State:</b> SANDSTONE MN 55072	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 86	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 12/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 84	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 61
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	69.0	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	67.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	77.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	33.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	49	58.3	42.6	50.8
<b>Residents requiring restraints.</b>	44	52.4	37.6	41.3
<b>Confused or disoriented residents.</b>	34	40.5	51.4	58.4
<b>Residents with bed sores.</b>	4	4.8	4.6	7.1
<b>Residents receiving special skin care.</b>	24	28.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COUNTRY MANOR HEALTH & RETIREMENT CTR

<b>Street Address:</b>		<b>City and State:</b>	
520 1ST ST NE		SARTELL MN 56377	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	187	PROPRIETARY	03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
182	4	100

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	158	86.8	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	148	81.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	120	65.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	57.1	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	113	62.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	74	40.7	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	82	45.1	42.6	50.8
<b>Residents requiring restraints.</b>	83	45.6	37.6	41.3
<b>Confused or disoriented residents.</b>	111	61.0	51.4	58.4
<b>Residents with bed sores.</b>	16	8.8	4.6	7.1
<b>Residents receiving special skin care.</b>	44	24.2	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST MICHAELS CNC

<b>Street Address:</b> 425 N ELM		<b>City and State:</b> SAUK CENTRE MN 56378	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 10/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 40
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	88.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	73.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	68.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	26.7	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	22	36.7	42.6	50.8
<b>Residents requiring restraints.</b>	43	71.7	37.6	41.3
<b>Confused or disoriented residents.</b>	39	65.0	51.4	58.4
<b>Residents with bed sores.</b>	1	1.7	4.6	7.1
<b>Residents receiving special skin care.</b>	51	85.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GOOD SHEPHERD LUTHERAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
1115 FOURTH AVENUE NORTH		SAUK RAPIDS MN 56379	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	174	NON-PROFIT RELIGIOUS	06/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
171	8	110		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		171	100	82.4
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		120	70.2	77.5
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		109	63.7	66.6
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		171	100	89.7
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		102	59.6	64.4
Residents on individually written bowel and bladder retraining program.		71	41.5	4.4
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		44	25.7	30.3
<b>Completely bedfast residents.</b>		0	0.0	1.0
<b>Residents confined to chairs.</b>		64	37.4	42.6
<b>Residents requiring restraints.</b>		59	34.5	37.6
<b>Confused or disoriented residents.</b>		75	43.9	51.4
<b>Residents with bed sores.</b>		9	5.3	4.6
<b>Residents receiving special skin care.</b>		93	54.4	29.7

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SHAKOPEE FRIENDSHIP MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1340 3RD AVE W		SHAKOPEE MN 55379	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	116	PROPRIETARY	05/05/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
109	1	68		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	88.1	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	86	78.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	58.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	58.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	24.8	30.3	37.7
<b>Completely bedfast residents.</b>	2	1.8	1.0	3.4
<b>Residents confined to chairs.</b>	54	49.5	42.6	50.8
<b>Residents requiring restraints.</b>	50	45.9	37.6	41.3
<b>Confused or disoriented residents.</b>	60	55.0	51.4	58.4
<b>Residents with bed sores.</b>	5	4.6	4.6	7.1
<b>Residents receiving special skin care.</b>	43	39.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SLAYTON MANOR CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
2957 REDWOOD AVE		SLAYTON MN 56172	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	05/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
60		3		40	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		60	100	82.4	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		41	68.3	77.5	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		39	65.0	66.6	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	83.3	89.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		31	51.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	4.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		20	33.3	30.3	37.7
<b>Completely bedfast residents.</b>		0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>		31	51.7	42.6	50.8
<b>Residents requiring restraints.</b>		30	50.0	37.6	41.3
<b>Confused or disoriented residents.</b>		22	36.7	51.4	58.4
<b>Residents with bed sores.</b>		9	15.0	4.6	7.1
<b>Residents receiving special skin care.</b>		5	8.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DIVINE PROVIDENCE COMM HOME

<b>Street Address:</b> 700 3RD AVE NW		<b>City and State:</b> SLEEPY EYE MN 56085	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 58	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 07/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 57	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 25	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	28	49.1	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	32	56.1	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	47.4	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	98.2	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	28	49.1	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	29.8	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	9	15.8	26.9	39.1
<b>Residents requiring restraints.</b>	25	43.9	18.4	31.7
<b>Confused or disoriented residents.</b>	28	49.1	39.4	55.8
<b>Residents with bed sores.</b>	2	3.5	2.6	4.7
<b>Residents receiving special skin care.</b>	12	21.1	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SLEEPY EYE CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1105 3RD AVE SW		SLEEPY EYE MN 56085	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	86	NON-PROFIT OTHER	05/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
86	0	43	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	66.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	72.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	66.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	60.5	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	66.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	36.0	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.2	1.0	3.4
<b>Residents confined to chairs.</b>	45	52.3	42.6	50.8
<b>Residents requiring restraints.</b>	49	57.0	37.6	41.3
<b>Confused or disoriented residents.</b>	35	40.7	51.4	58.4
<b>Residents with bed sores.</b>	6	7.0	4.6	7.1
<b>Residents receiving special skin care.</b>	30	34.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GOLDEN OAKS NURSING HOME

<b>Street Address:</b> 1025 NINTH AVENUE SOUTH		<b>City and State:</b> SOUTH SAINT PAUL MN 55075	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 98	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 88	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 60	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	65.9	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	65	73.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	62.5	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	62.5	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	48.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	27.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	16	18.2	42.6	50.8
<b>Residents requiring restraints.</b>	49	55.7	37.6	41.3
<b>Confused or disoriented residents.</b>	41	46.6	51.4	58.4
<b>Residents with bed sores.</b>	4	4.5	4.6	7.1
<b>Residents receiving special skin care.</b>	6	6.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TWEETEN LUTHERAN HEALTH CARE CENTER

<b>Street Address:</b> 125 5TH AVE SE		<b>City and State:</b> SPRING GROVE MN 55974	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 79	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 03/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 73	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 31		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	71.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	76.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	65.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	54.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	24.7	30.3	37.7
<b>Completely bedfast residents.</b>	3	4.1	1.0	3.4
<b>Residents confined to chairs.</b>	41	56.2	42.6	50.8
<b>Residents requiring restraints.</b>	30	41.1	37.6	41.3
<b>Confused or disoriented residents.</b>	39	53.4	51.4	58.4
<b>Residents with bed sores.</b>	4	5.5	4.6	7.1
<b>Residents receiving special skin care.</b>	44	60.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TWIN BIRCH HEALTH CARE CENTER

<b>Street Address:</b> 4527 SHORELINE DR		<b>City and State:</b> SPRING PARK MN 55384	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 192	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 181	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 94	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	166	91.7	82.4	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	141	77.9	77.5	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	119	65.7	66.6	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	70.7	89.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	148	81.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	7	3.9	4.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	46	25.4	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.6	1.0	3.4
<b>Residents confined to chairs.</b>	75	41.4	42.6	50.8
<b>Residents requiring restraints.</b>	67	37.0	37.6	41.3
<b>Confused or disoriented residents.</b>	104	57.5	51.4	58.4
<b>Residents with bed sores.</b>	10	5.5	4.6	7.1
<b>Residents receiving special skin care.</b>	35	19.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE COMMUNITY MEMORIAL HOSPITAL CNC

<b>Street Address:</b>		<b>City and State:</b>	
800 MEMORIAL DR		SPRING VALLEY MN 55975	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT PRIVATE	03/24/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
49	0	31	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	89.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	77.6	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	73.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	32.7	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	12	24.5	42.6	50.8
<b>Residents requiring restraints.</b>	15	30.6	37.6	41.3
<b>Confused or disoriented residents.</b>	28	57.1	51.4	58.4
<b>Residents with bed sores.</b>	2	4.1	4.6	7.1
<b>Residents receiving special skin care.</b>	27	55.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST JOHN LUTHERAN HOME

<b>Street Address:</b> P O BOX 167		<b>City and State:</b> SPRINGFIELD MN 56087	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 139	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 07/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 116	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 50
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	90	77.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	80	69.0	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	59.5	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	66.4	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	52.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	34	29.3	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	17.2	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.9	1.0	3.4
<b>Residents confined to chairs.</b>	38	32.8	42.6	50.8
<b>Residents requiring restraints.</b>	28	24.1	37.6	41.3
<b>Confused or disoriented residents.</b>	34	29.3	51.4	58.4
<b>Residents with bed sores.</b>	5	4.3	4.6	7.1
<b>Residents receiving special skin care.</b>	26	22.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST BENEDICTS CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1810 MINNESOTA BLVD SE		ST CLOUD MN 56301	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	222	NON-PROFIT RELIGIOUS	02/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
222	1	137		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	205	92.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	161	72.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	152	68.5	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	222	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	130	58.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	68	30.6	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	49	22.1	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	72	32.4	42.6	50.8
<b>Residents requiring restraints.</b>	101	45.5	37.6	41.3
<b>Confused or disoriented residents.</b>	145	65.3	51.4	58.4
<b>Residents with bed sores.</b>	6	2.7	4.6	7.1
<b>Residents receiving special skin care.</b>	83	37.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SUMMIT MANOR HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
80 WESTERN AVE N		ST PAUL MN 55102	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
117	0	93		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	100	85.5	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	76.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	60.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	93.2	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	65.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	10	8.5	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	15.4	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	26	22.2	42.6	50.8
<b>Residents requiring restraints.</b>	31	26.5	37.6	41.3
<b>Confused or disoriented residents.</b>	65	55.6	51.4	58.4
<b>Residents with bed sores.</b>	2	1.7	4.6	7.1
<b>Residents receiving special skin care.</b>	32	27.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE UNITED DISTRICT HOSP AND HOME

<b>Street Address:</b> 401 N PRAIRIE AVE		<b>City and State:</b> STAPLES MN 56479	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 05/20/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 95	<b>Medicare Residents:</b> 7	<b>Medicaid Residents:</b> 67	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	87	91.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	82.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	71.6	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	71.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	32.6	30.3	37.7
<b>Completely bedfast residents.</b>	2	2.1	1.0	3.4
<b>Residents confined to chairs.</b>	4	4.2	42.6	50.8
<b>Residents requiring restraints.</b>	51	53.7	37.6	41.3
<b>Confused or disoriented residents.</b>	58	61.1	51.4	58.4
<b>Residents with bed sores.</b>	9	9.5	4.6	7.1
<b>Residents receiving special skin care.</b>	37	38.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MINNEWASKA LUTHERAN HOME

<b>Street Address:</b> 605 MAIN ST		<b>City and State:</b> STARBUCK MN 56381	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 76	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 02/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 73	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 29	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	67.1	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	49.3	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	25	34.2	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	63.0	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	71.2	45.2	59.1
Residents on individually written bowel and bladder retraining program.	8	11.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	15.1	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	8	11.0	26.9	39.1
<b>Residents requiring restraints.</b>	12	16.4	18.4	31.7
<b>Confused or disoriented residents.</b>	32	43.8	39.4	55.8
<b>Residents with bed sores.</b>	1	1.4	2.6	4.7
<b>Residents receiving special skin care.</b>	8	11.0	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE STEWARTVILLE NH

<b>Street Address:</b>		<b>City and State:</b>	
120 FOURTH STREET NORTHEAST		STEWARTVILLE MN 55976	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	109	LOCAL GOVERNMENT	02/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
108	2	68		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	81.5	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	104	96.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	77.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	89	82.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	82	75.9	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.9	1.0	3.4
<b>Residents confined to chairs.</b>	60	55.6	42.6	50.8
<b>Residents requiring restraints.</b>	64	59.3	37.6	41.3
<b>Confused or disoriented residents.</b>	49	45.4	51.4	58.4
<b>Residents with bed sores.</b>	4	3.7	4.6	7.1
<b>Residents receiving special skin care.</b>	59	54.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GREELEY HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
313 SOUTH GREELEY STREET		STILLWATER MN 55082	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	83	PROPRIETARY	04/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
82	0	45

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	87.8	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	92.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	78.0	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	74.4	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	62.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	3.7	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	31.7	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	29	35.4	42.6	50.8
<b>Residents requiring restraints.</b>	33	40.2	37.6	41.3
<b>Confused or disoriented residents.</b>	41	50.0	51.4	58.4
<b>Residents with bed sores.</b>	0	0.0	4.6	7.1
<b>Residents receiving special skin care.</b>	31	37.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LINDEN HEALTHCARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
105 WEST LINDEN STREET		STILLWATER MN 55082	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	75	PROPRIETARY	04/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
72	0	53		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	86.1	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	59	81.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	52	72.2	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	55.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	31.9	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	24	33.3	42.6	50.8
<b>Residents requiring restraints.</b>	39	54.2	37.6	41.3
<b>Confused or disoriented residents.</b>	40	55.6	51.4	58.4
<b>Residents with bed sores.</b>	3	4.2	4.6	7.1
<b>Residents receiving special skin care.</b>	22	30.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE STILLWATER MAPLE MANOR CARE CENTER

<b>Street Address:</b> 1119 NORTH OWENS		<b>City and State:</b> STILLWATER MN 55082	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 132	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 10/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 131	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 86	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	119	90.8	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	87	66.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	63.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	62.6	64.4	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	32.1	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	57	43.5	42.6	50.8
<b>Residents requiring restraints.</b>	71	54.2	37.6	41.3
<b>Confused or disoriented residents.</b>	56	42.7	51.4	58.4
<b>Residents with bed sores.</b>	5	3.8	4.6	7.1
<b>Residents receiving special skin care.</b>	9	6.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE STILLWATER RESIDENCE

<b>Street Address:</b>		<b>City and State:</b>	
220 WEST OLIVE STREET		STILLWATER MN 55082	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	23	PROPRIETARY	12/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
23		0		23	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		18	78.3	68.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		0	0.0	56.6	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		0	0.0	46.8	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		3	13.0	72.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		0	0.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	3.4	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		0	0.0	21.7	29.3
<b>Completely bedfast residents.</b>		0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>		0	0.0	26.9	39.1
<b>Residents requiring restraints.</b>		0	0.0	18.4	31.7
<b>Confused or disoriented residents.</b>		0	0.0	39.4	55.8
<b>Residents with bed sores.</b>		0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>		0	0.0	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORTHWESTERN HOSPITAL C NC

<b>Street Address:</b> 120 LABREE AVE SOUTH		<b>City and State:</b> THIEF RIVER FALLS MN 56701	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 90	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 11/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 86	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 54
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	83.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	70	81.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	74.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	73.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	24.4	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.2	1.0	3.4
<b>Residents confined to chairs.</b>	50	58.1	42.6	50.8
<b>Residents requiring restraints.</b>	6	7.0	37.6	41.3
<b>Confused or disoriented residents.</b>	44	51.2	51.4	58.4
<b>Residents with bed sores.</b>	6	7.0	4.6	7.1
<b>Residents receiving special skin care.</b>	55	64.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE OAKLAND PARK NURS HOME

<b>Street Address:</b> 123 BAKEN STREET		<b>City and State:</b> THIEF RIVER FALLS MN 56701	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 75	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 09/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 72	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 40		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	80.6	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	86.1	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	49	68.1	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	68.1	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	79.2	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.4	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	20.8	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	50	69.4	26.9	39.1
<b>Residents requiring restraints.</b>	8	11.1	18.4	31.7
<b>Confused or disoriented residents.</b>	60	83.3	39.4	55.8
<b>Residents with bed sores.</b>	1	1.4	2.6	4.7
<b>Residents receiving special skin care.</b>	3	4.2	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHRISTIAN MANOR NH

<b>Street Address:</b>		<b>City and State:</b>	
502 5TH ST E		TRACY MN 56175	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	67	NON-PROFIT RELIGIOUS	02/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
60	2	25	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	66.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	66.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	58.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	51.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	28.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	41	68.3	42.6	50.8
<b>Residents requiring restraints.</b>	10	16.7	37.6	41.3
<b>Confused or disoriented residents.</b>	19	31.7	51.4	58.4
<b>Residents with bed sores.</b>	1	1.7	4.6	7.1
<b>Residents receiving special skin care.</b>	12	20.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TRACEY NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
487 SECOND STREET		TRACY MN 56175	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	58	NON-PROFIT OTHER	02/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
51	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	68.6	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	35	68.6	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	45.1	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	78.4	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	18	35.3	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	17.6	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	9	17.6	26.9	39.1
<b>Residents requiring restraints.</b>	13	25.5	18.4	31.7
<b>Confused or disoriented residents.</b>	13	25.5	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	6	11.8	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TRIMONT NURSING HOME

<b>Street Address:</b> 303 BROADWAY AVENUE SOUTH		<b>City and State:</b> TRIMONT MN 56176	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 41	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 39	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 18
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	30	76.9	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	76.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	71.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	20	51.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	12.8	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	10	25.6	42.6	50.8
<b>Residents requiring restraints.</b>	14	35.9	37.6	41.3
<b>Confused or disoriented residents.</b>	20	51.3	51.4	58.4
<b>Residents with bed sores.</b>	9	23.1	4.6	7.1
<b>Residents receiving special skin care.</b>	24	61.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LUTHERAN RETIREMENT HME OF SOUTHERN MN

<b>Street Address:</b>  400 N 4TH AVE E		<b>City and State:</b>  TRUMAN MN 56088	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  113	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  111	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  55
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	96.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	64.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	48.6	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	61.3	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	57.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	27.9	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	71	64.0	42.6	50.8
<b>Residents requiring restraints.</b>	36	32.4	37.6	41.3
<b>Confused or disoriented residents.</b>	43	38.7	51.4	58.4
<b>Residents with bed sores.</b>	2	1.8	4.6	7.1
<b>Residents receiving special skin care.</b>	17	15.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LUTHERAN MEMORIAL NH

<b>Street Address:</b>		<b>City and State:</b>	
HWY 32 N		TWIN VALLEY MN 56584	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	104	NON-PROFIT RELIGIOUS	06/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
76	4	47	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	90.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	78.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	86.8	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	61.8	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	38	50.0	42.6	50.8
<b>Residents requiring restraints.</b>	0	0.0	37.6	41.3
<b>Confused or disoriented residents.</b>	61	80.3	51.4	58.4
<b>Residents with bed sores.</b>	3	3.9	4.6	7.1
<b>Residents receiving special skin care.</b>	20	26.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LUTHERAN MEMORIAL RETIREMENT HOME

<b>Street Address:</b>  205 THIRD ST NW		<b>City and State:</b>  TWIN VALLEY MN 56584	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  44	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  06/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  26	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  17
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	100	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	0	0.0	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	0	0.0	26.9	39.1
<b>Residents requiring restraints.</b>	0	0.0	18.4	31.7
<b>Confused or disoriented residents.</b>	0	0.0	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	1	3.8	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE LAKEVIEW MEM HOSP CNC

<b>Street Address:</b> 11TH AVE + 4TH ST		<b>City and State:</b> TWO HARBORS MN 55616	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 07/30/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 50	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 35	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	100	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	45	90.0	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	86.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	50.0	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	39	78.0	42.6	50.8
<b>Residents requiring restraints.</b>	27	54.0	37.6	41.3
<b>Confused or disoriented residents.</b>	30	60.0	51.4	58.4
<b>Residents with bed sores.</b>	1	2.0	4.6	7.1
<b>Residents receiving special skin care.</b>	39	78.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SUNRISE HOME

<b>Street Address:</b>		<b>City and State:</b>	
13TH AVENUE AND 4TH STREET		TWO HARBORS MN 55616	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	55	LOCAL GOVERNMENT	02/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
54	0	37		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	96.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	72.2	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	59.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	74.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	16.7	30.3	37.7
<b>Completely bedfast residents.</b>	2	3.7	1.0	3.4
<b>Residents confined to chairs.</b>	22	40.7	42.6	50.8
<b>Residents requiring restraints.</b>	6	11.1	37.6	41.3
<b>Confused or disoriented residents.</b>	31	57.4	51.4	58.4
<b>Residents with bed sores.</b>	2	3.7	4.6	7.1
<b>Residents receiving special skin care.</b>	6	11.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SUNRISE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
240 WILLOW ST		TYLER MN 56178	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	43	NON-PROFIT OTHER	11/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
43	0	28		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	81.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	88.4	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	81.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	86.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	27.9	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	29	67.4	42.6	50.8
<b>Residents requiring restraints.</b>	18	41.9	37.6	41.3
<b>Confused or disoriented residents.</b>	23	53.5	51.4	58.4
<b>Residents with bed sores.</b>	1	2.3	4.6	7.1
<b>Residents receiving special skin care.</b>	18	41.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE VIKING MANOR NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
		ULEN MN 56585	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	66	LOCAL GOVERNMENT	02/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
65	0	36	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	37	56.9	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	81.5	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	64.6	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	53.8	45.2	59.1
Residents on individually written bowel and bladder retraining program.	9	13.8	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	40.0	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	36	55.4	26.9	39.1
<b>Residents requiring restraints.</b>	24	36.9	18.4	31.7
<b>Confused or disoriented residents.</b>	37	56.9	39.4	55.8
<b>Residents with bed sores.</b>	3	4.6	2.6	4.7
<b>Residents receiving special skin care.</b>	6	9.2	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ARROWHEAD NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
1201 8 1/2 STREET SOUTH		VIRGINIA MN 55792	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	10/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
107	2	86	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	65	60.7	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	90.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	78.5	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	75.7	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	60.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	27.1	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	54	50.5	42.6	50.8
<b>Residents requiring restraints.</b>	1	0.9	37.6	41.3
<b>Confused or disoriented residents.</b>	55	51.4	51.4	58.4
<b>Residents with bed sores.</b>	6	5.6	4.6	7.1
<b>Residents receiving special skin care.</b>	12	11.2	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE VIRGINIA REGIONAL MEDICA CENTER C&NC

<b>Street Address:</b>		<b>City and State:</b>	
901 NINTH STREET NORTH		VIRGINIA MN 55791	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	116	LOCAL GOVERNMENT	11/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
116	2	105		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	83.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	81.0	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	64.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	59.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	98	84.5	30.3	37.7
<b>Completely bedfast residents.</b>	3	2.6	1.0	3.4
<b>Residents confined to chairs.</b>	33	28.4	42.6	50.8
<b>Residents requiring restraints.</b>	62	53.4	37.6	41.3
<b>Confused or disoriented residents.</b>	40	34.5	51.4	58.4
<b>Residents with bed sores.</b>	5	4.3	4.6	7.1
<b>Residents receiving special skin care.</b>	29	25.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RIVER VALLEY HEALTH CARE CENTER

<b>Street Address:</b> 626 SHIELDS AVENUE		<b>City and State:</b> WABASHA MN 55981	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 115	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 56
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	99.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	76.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	76.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	65.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	28.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	45	45.5	42.6	50.8
<b>Residents requiring restraints.</b>	47	47.5	37.6	41.3
<b>Confused or disoriented residents.</b>	44	44.4	51.4	58.4
<b>Residents with bed sores.</b>	2	2.0	4.6	7.1
<b>Residents receiving special skin care.</b>	29	29.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST. ELIZABETH HOSPITAL C&NC UNIT

<b>Street Address:</b>		<b>City and State:</b>	
1200 FIFTH GRANT BOULEVARD WEST		WABASHA MN 55981	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	52	NON-PROFIT RELIGIOUS	12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
51	0	34

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	96.1	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	32	62.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	54.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	52.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	6	11.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	13.7	30.3	37.7
<b>Completely bedfast residents.</b>	1	2.0	1.0	3.4
<b>Residents confined to chairs.</b>	25	49.0	42.6	50.8
<b>Residents requiring restraints.</b>	12	23.5	37.6	41.3
<b>Confused or disoriented residents.</b>	22	43.1	51.4	58.4
<b>Residents with bed sores.</b>	0	0.0	4.6	7.1
<b>Residents receiving special skin care.</b>	5	9.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WABASSO HEALTH CARE CTR

<b>Street Address:</b> MAPLE & MAY ST		<b>City and State:</b> WABASSO MN 56293	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 48	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 24	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	85.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	87.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	34	70.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	60.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	16.7	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	10	20.8	42.6	50.8
<b>Residents requiring restraints.</b>	17	35.4	37.6	41.3
<b>Confused or disoriented residents.</b>	21	43.8	51.4	58.4
<b>Residents with bed sores.</b>	3	6.3	4.6	7.1
<b>Residents receiving special skin care.</b>	27	56.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NIGHTINGALE NURSING HOME

<b>Street Address:</b> 232 SOUTH ELM ST		<b>City and State:</b> WACONIA MN 55397	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 41	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 09/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 34	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 19
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	25	73.5	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	23	67.6	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	19	55.9	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	14	41.2	45.2	59.1
Residents on individually written bowel and bladder retraining program.	3	8.8	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	11.8	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	3	8.8	26.9	39.1
<b>Residents requiring restraints.</b>	7	20.6	18.4	31.7
<b>Confused or disoriented residents.</b>	13	38.2	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	8	23.5	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WACONIA HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
333 WEST 5TH ST		WACONIA MN 55387	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	09/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
98	1	66

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	78.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	80.6	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	66.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	66.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	29.6	30.3	37.7
<b>Completely bedfast residents.</b>	2	2.0	1.0	3.4
<b>Residents confined to chairs.</b>	60	61.2	42.6	50.8
<b>Residents requiring restraints.</b>	39	39.8	37.6	41.3
<b>Confused or disoriented residents.</b>	51	52.0	51.4	58.4
<b>Residents with bed sores.</b>	1	1.0	4.6	7.1
<b>Residents receiving special skin care.</b>	36	36.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SHADYLANE NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
RURAL ROUTE 2		WADENA MN 56482	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	115	LOCAL GOVERNMENT	07/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
109	0	80

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	98.2	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	83.5	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	65.1	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	48.6	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	30.3	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	35	32.1	26.9	39.1
<b>Residents requiring restraints.</b>	35	32.1	18.4	31.7
<b>Confused or disoriented residents.</b>	45	41.3	39.4	55.8
<b>Residents with bed sores.</b>	9	8.3	2.6	4.7
<b>Residents receiving special skin care.</b>	46	42.2	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WAITE PARK NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
142 NORTHWEST 1ST STREET		WAITE PARK MN 56387	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	74	PROPRIETARY	05/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
74	1	47		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	82.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	56.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	47.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	63.5	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	58.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	14	18.9	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	27.0	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	20	27.0	42.6	50.8
<b>Residents requiring restraints.</b>	30	40.5	37.6	41.3
<b>Confused or disoriented residents.</b>	37	50.0	51.4	58.4
<b>Residents with bed sores.</b>	2	2.7	4.6	7.1
<b>Residents receiving special skin care.</b>	11	14.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WOODREST NURSING HOME

<b>Street Address:</b>  BOX J		<b>City and State:</b>  WALKER MN 56484	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  66	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  04/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  62	<b>Medicare Residents:</b>  3	<b>Medicaid Residents:</b>  46	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	83.9	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	85.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	71.0	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	43.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	3	4.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	24.2	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	24	38.7	42.6	50.8
<b>Residents requiring restraints.</b>	11	17.7	37.6	41.3
<b>Confused or disoriented residents.</b>	22	35.5	51.4	58.4
<b>Residents with bed sores.</b>	6	9.7	4.6	7.1
<b>Residents receiving special skin care.</b>	23	37.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## GOOD SAMARITAN CENTER-MARSHALL MANOR

<b>Street Address:</b>		<b>City and State:</b>	
410 SOUTH MCKINLEY STREET		WARREN MN 56762	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	102	NON-PROFIT OTHER	12/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
98	0	43

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	83.7	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	84.7	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	73.5	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	78	79.6	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	53.1	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	25	25.5	26.9	39.1
<b>Residents requiring restraints.</b>	40	40.8	18.4	31.7
<b>Confused or disoriented residents.</b>	46	46.9	39.4	55.8
<b>Residents with bed sores.</b>	3	3.1	2.6	4.7
<b>Residents receiving special skin care.</b>	23	23.5	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WARROAD CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
611 EAST LAKE STREET		WARROAD MN 56763	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	49	NON-PROFIT PRIVATE	11/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
49	0	37		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	37	75.5	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	83.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	67.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	61.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	38.8	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	29	59.2	42.6	50.8
<b>Residents requiring restraints.</b>	0	0.0	37.6	41.3
<b>Confused or disoriented residents.</b>	18	36.7	51.4	58.4
<b>Residents with bed sores.</b>	1	2.0	4.6	7.1
<b>Residents receiving special skin care.</b>	18	36.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE LAKE SHORE INN NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
108 EIGHTH STREET NORTHWEST		WASECA MN 56093	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	94	PROPRIETARY	10/08/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
93	2	59

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	43	46.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	90.3	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	68.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	67.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	28.0	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	18	19.4	42.6	50.8
<b>Residents requiring restraints.</b>	27	29.0	37.6	41.3
<b>Confused or disoriented residents.</b>	44	47.3	51.4	58.4
<b>Residents with bed sores.</b>	4	4.3	4.6	7.1
<b>Residents receiving special skin care.</b>	47	50.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ELIM NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
409 JEFFERSON AVE SOUTH WEST BOX 638		WATERTOWN MN 55388	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	55	NON-PROFIT RELIGIOUS	09/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
55	0	34		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	63.6	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	74.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	54.5	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	45.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	27.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	26	47.3	42.6	50.8
<b>Residents requiring restraints.</b>	20	36.4	37.6	41.3
<b>Confused or disoriented residents.</b>	30	54.5	51.4	58.4
<b>Residents with bed sores.</b>	1	1.8	4.6	7.1
<b>Residents receiving special skin care.</b>	18	32.7	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WATERVILLE CARE CENTER

<b>Street Address:</b> 205 FIRST STREET NORTH		<b>City and State:</b> WATERVILLE MN 56096	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 56	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 56	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 30		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	96.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	66.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	46.4	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	55.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	26.8	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	36	64.3	42.6	50.8
<b>Residents requiring restraints.</b>	17	30.4	37.6	41.3
<b>Confused or disoriented residents.</b>	25	44.6	51.4	58.4
<b>Residents with bed sores.</b>	3	5.4	4.6	7.1
<b>Residents receiving special skin care.</b>	17	30.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLTOP CARE CENTER

<b>Street Address:</b> RT 1 BOX 4		<b>City and State:</b> WATKINS MN 55389	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 65	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 63	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 54	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	73.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	69.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	61.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	65.1	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	65.1	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	34.9	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.6	1.0	3.4
<b>Residents confined to chairs.</b>	20	31.7	42.6	50.8
<b>Residents requiring restraints.</b>	28	44.4	37.6	41.3
<b>Confused or disoriented residents.</b>	32	50.8	51.4	58.4
<b>Residents with bed sores.</b>	4	6.3	4.6	7.1
<b>Residents receiving special skin care.</b>	32	50.8	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLCREST HEALTH CARE RETIREMENT CTR

<b>Street Address:</b> 15409 WAYZATA BLVD		<b>City and State:</b> WAYZATA MN 55391	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 215	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 156	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 10	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	139	89.1	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	63.5	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	57.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	57.1	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	41.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	10	6.4	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	25.0	30.3	37.7
<b>Completely bedfast residents.</b>	3	1.9	1.0	3.4
<b>Residents confined to chairs.</b>	21	13.5	42.6	50.8
<b>Residents requiring restraints.</b>	82	52.6	37.6	41.3
<b>Confused or disoriented residents.</b>	46	29.5	51.4	58.4
<b>Residents with bed sores.</b>	6	3.8	4.6	7.1
<b>Residents receiving special skin care.</b>	7	4.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## NAEVE PARKVIEW HOME

<b>Street Address:</b>		<b>City and State:</b>	
55 10TH ST SE		WELLS MN 56097	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	61	NON-PROFIT OTHER	10/29/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
60	0	34			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		59	98.3	82.4	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		52	86.7	77.5	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		43	71.7	66.6	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		60	100	89.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		35	58.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.		9	15.0	4.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		15	25.0	30.3	37.7
<b>Completely bedfast residents.</b>		3	5.0	1.0	3.4
<b>Residents confined to chairs.</b>		41	68.3	42.6	50.8
<b>Residents requiring restraints.</b>		27	45.0	37.6	41.3
<b>Confused or disoriented residents.</b>		14	23.3	51.4	58.4
<b>Residents with bed sores.</b>		0	0.0	4.6	7.1
<b>Residents receiving special skin care.</b>		20	33.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WESTBROOK GOOD SAMARITAN CENTER

<b>Street Address:</b> 149 1ST AVE		<b>City and State:</b> WESTBROOK MN 56183	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 49	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 06/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 49	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 21	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	85.7	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	22	44.9	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	67.3	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	59.2	45.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	30.6	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	25	51.0	26.9	39.1
<b>Residents requiring restraints.</b>	15	30.6	18.4	31.7
<b>Confused or disoriented residents.</b>	21	42.9	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	7	14.3	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TRAVERSE COUNTY NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
303 SOUTH SEVENTH ST		WHEATON MN 56296	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	64	LOCAL GOVERNMENT	05/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
64	0	40	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	71.9	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	56.3	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	64.1	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	73.4	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	40.6	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	20.3	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	23	35.9	26.9	39.1
<b>Residents requiring restraints.</b>	8	12.5	18.4	31.7
<b>Confused or disoriented residents.</b>	28	43.8	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	24	37.5	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WHITE BEAR LAKE CARE CENTER INC

<b>Street Address:</b>		<b>City and State:</b>	
1891 FLORENCE STREET		WHITE BEAR LAKE MN 55110	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	201	PROPRIETARY	07/31/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
197	0	135	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	180	91.4	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	162	82.2	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	145	73.6	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	197	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	163	82.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	2.5	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	59	29.9	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.5	1.0	3.4
<b>Residents confined to chairs.</b>	77	39.1	42.6	50.8
<b>Residents requiring restraints.</b>	87	44.2	37.6	41.3
<b>Confused or disoriented residents.</b>	135	68.5	51.4	58.4
<b>Residents with bed sores.</b>	2	1.0	4.6	7.1
<b>Residents receiving special skin care.</b>	48	24.4	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BETHESDA HERITAGE CENTER

<b>Street Address:</b> 1012 E 3RD ST		<b>City and State:</b> WILLMAR MN 56201	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 129	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 09/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 114	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 59
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	109	95.6	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	43	37.7	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	28.1	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	36.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	20	17.5	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	0.9	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	14	12.3	26.9	39.1
<b>Residents requiring restraints.</b>	2	1.8	18.4	31.7
<b>Confused or disoriented residents.</b>	38	33.3	39.4	55.8
<b>Residents with bed sores.</b>	1	0.9	2.6	4.7
<b>Residents receiving special skin care.</b>	33	28.9	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BETHESDA NURSING HOME PLEASANT VIEW

<b>Street Address:</b>		<b>City and State:</b>	
901 WILLMAR AVENUE SOUTHEAST		WILLMAR MN 56201	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	09/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
119	0	81		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	111	93.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	112	94.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	111	93.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	104	87.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	47	39.5	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	67	56.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	57	47.9	42.6	50.8
<b>Residents requiring restraints.</b>	88	73.9	37.6	41.3
<b>Confused or disoriented residents.</b>	66	55.5	51.4	58.4
<b>Residents with bed sores.</b>	8	6.7	4.6	7.1
<b>Residents receiving special skin care.</b>	61	51.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHRISTIAN NURSING CTR

<b>Street Address:</b>		<b>City and State:</b>	
1801 WILLMAR AVE W		WILLMAR MN 56201	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	86	PROPRIETARY	03/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
83	0	37	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	98.8	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	82	98.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	83.1	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	78.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	27.7	30.3	37.7
<b>Completely bedfast residents.</b>	2	2.4	1.0	3.4
<b>Residents confined to chairs.</b>	41	49.4	42.6	50.8
<b>Residents requiring restraints.</b>	34	41.0	37.6	41.3
<b>Confused or disoriented residents.</b>	56	67.5	51.4	58.4
<b>Residents with bed sores.</b>	4	4.8	4.6	7.1
<b>Residents receiving special skin care.</b>	25	30.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WILLMAR HEALTH CARE CTR

<b>Street Address:</b> 500 RUSSELL ST		<b>City and State:</b> WILLMAR MN 56201	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 99	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 93	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 77	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	64	68.8	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	64	68.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	54.8	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	34.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	28.0	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	24	25.8	42.6	50.8
<b>Residents requiring restraints.</b>	32	34.4	37.6	41.3
<b>Confused or disoriented residents.</b>	26	28.0	51.4	58.4
<b>Residents with bed sores.</b>	5	5.4	4.6	7.1
<b>Residents receiving special skin care.</b>	12	12.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SOGGE GOOD SAMARITAN CENTER

<b>Street Address:</b> FULLER DR		<b>City and State:</b> WINDOM MN 56101	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 93	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 04/28/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 93	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 55
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	68	73.1	68.4	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	56	60.2	56.6	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	46	49.5	46.8	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	100	72.7	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	41	44.1	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	18	19.4	21.7	29.3
<b>Completely bedfast residents.</b>	1	1.1	0.5	3.6
<b>Residents confined to chairs.</b>	51	54.8	26.9	39.1
<b>Residents requiring restraints.</b>	39	41.9	18.4	31.7
<b>Confused or disoriented residents.</b>	34	36.6	39.4	55.8
<b>Residents with bed sores.</b>	4	4.3	2.6	4.7
<b>Residents receiving special skin care.</b>	24	25.8	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WINNEBAGO BAPTIST HOME

<b>Street Address:</b> 211 6TH ST NW		<b>City and State:</b> WINNEBAGO MN 56098	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 88	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 05/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 56		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 28	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		38	67.9	82.4	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		40	71.4	77.5	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		26	46.4	66.6	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		56	100	89.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		26	46.4	64.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	4.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		12	21.4	30.3	37.7
<b>Completely bedfast residents.</b>		0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>		7	12.5	42.6	50.8
<b>Residents requiring restraints.</b>		4	7.1	37.6	41.3
<b>Confused or disoriented residents.</b>		27	48.2	51.4	58.4
<b>Residents with bed sores.</b>		3	5.4	4.6	7.1
<b>Residents receiving special skin care.</b>		7	12.5	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COMMUNITY MEMO HOSP CNC

<b>Street Address:</b> 855 MANKATO AVENUE		<b>City and State:</b> WINONA MN 55987	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 104	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 12/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 87	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 30
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	69	79.3	82.4	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	72	82.8	77.5	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	70	80.5	66.6	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	82.8	89.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	60	69.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	31	35.6	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	52	59.8	42.6	50.8
<b>Residents requiring restraints.</b>	38	43.7	37.6	41.3
<b>Confused or disoriented residents.</b>	28	32.2	51.4	58.4
<b>Residents with bed sores.</b>	7	8.0	4.6	7.1
<b>Residents receiving special skin care.</b>	14	16.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SAUER MEMORIAL HME

<b>Street Address:</b>		<b>City and State:</b>	
1635 SERVICE DRIVE		WINONA MN 55987	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	114	NON-PROFIT OTHER	11/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
111	0	45

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	109	98.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	105	94.6	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	82.0	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	81.1	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	99	89.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.	6	5.4	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	61	55.0	30.3	37.7
<b>Completely bedfast residents.</b>	1	0.9	1.0	3.4
<b>Residents confined to chairs.</b>	3	2.7	42.6	50.8
<b>Residents requiring restraints.</b>	71	64.0	37.6	41.3
<b>Confused or disoriented residents.</b>	90	81.1	51.4	58.4
<b>Residents with bed sores.</b>	6	5.4	4.6	7.1
<b>Residents receiving special skin care.</b>	17	15.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST ANNE HOSPICE

<b>Street Address:</b> 1347 W BROADWAY		<b>City and State:</b> WINONA MN 55987	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 134	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 04/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 134		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 49			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
				<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				113	84.3	82.4	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				101	75.4	77.5	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				83	61.9	66.6	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				134	100	89.7	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				82	61.2	64.4	68.2
Residents on individually written bowel and bladder retraining program.				16	11.9	4.4	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				46	34.3	30.3	37.7
Completely bedfast residents.				0	0.0	1.0	3.4
Residents confined to chairs.				23	17.2	42.6	50.8
Residents requiring restraints.				43	32.1	37.6	41.3
Confused or disoriented residents.				48	35.8	51.4	58.4
Residents with bed sores.				4	3.0	4.6	7.1
Residents receiving special skin care.				54	40.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WATKINS HOME

<b>Street Address:</b> 175 E WABASHA		<b>City and State:</b> WINONA MN 55987	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 139	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 05/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 121	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 58
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	61.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	87	71.9	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	73	60.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	53.7	64.4	68.2
Residents on individually written bowel and bladder retraining program.	47	38.8	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	23.1	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	31	25.6	42.6	50.8
<b>Residents requiring restraints.</b>	23	19.0	37.6	41.3
<b>Confused or disoriented residents.</b>	61	50.4	51.4	58.4
<b>Residents with bed sores.</b>	4	3.3	4.6	7.1
<b>Residents receiving special skin care.</b>	41	33.9	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST. MARY'S HOME

<b>Street Address:</b> 551 FOURTH STREET NORTH		<b>City and State:</b> WINSTED MN 55395	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 95	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 10/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 93	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 53	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	55.9	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	66.7	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	52	55.9	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	64.5	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	55.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	70	75.3	30.3	37.7
<b>Completely bedfast residents.</b>	2	2.2	1.0	3.4
<b>Residents confined to chairs.</b>	50	53.8	42.6	50.8
<b>Residents requiring restraints.</b>	39	41.9	37.6	41.3
<b>Confused or disoriented residents.</b>	46	49.5	51.4	58.4
<b>Residents with bed sores.</b>	7	7.5	4.6	7.1
<b>Residents receiving special skin care.</b>	21	22.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WINTHROP CARE CENTER

<b>Street Address:</b> 506 HIGH ST		<b>City and State:</b> WINTHROP MN 55396	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 52	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 52	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 28
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	96.2	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	78.8	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	67.3	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	63.5	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	61.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	17.3	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	13	25.0	42.6	50.8
<b>Residents requiring restraints.</b>	17	32.7	37.6	41.3
<b>Confused or disoriented residents.</b>	15	28.8	51.4	58.4
<b>Residents with bed sores.</b>	5	9.6	4.6	7.1
<b>Residents receiving special skin care.</b>	5	9.6	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE JANE DICKMAN CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1665 WOODBURY DR		WOODBURY MN 55125	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	38	NON-PROFIT PRIVATE	05/03/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
26	0	5		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	0	0.0	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	0	0.0	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	0	0.0	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	0	0.0	26.9	39.1
<b>Residents requiring restraints.</b>	0	0.0	18.4	31.7
<b>Confused or disoriented residents.</b>	0	0.0	39.4	55.8
<b>Residents with bed sores.</b>	0	0.0	2.6	4.7
<b>Residents receiving special skin care.</b>	0	0.0	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WOODBURY HEALTH CARE CENTER

<b>Street Address:</b> 7012 CARVER LAKE ROAD		<b>City and State:</b> WOODBURY MN 55125	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 212	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/31/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 208	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 93	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	190	91.3	82.4	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	161	77.4	77.5	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	131	63.0	66.6	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	208	100	89.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	108	51.9	64.4	68.2
Residents on individually written bowel and bladder retraining program.	5	2.4	4.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	49	23.6	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	59	28.4	42.6	50.8
<b>Residents requiring restraints.</b>	76	36.5	37.6	41.3
<b>Confused or disoriented residents.</b>	89	42.8	51.4	58.4
<b>Residents with bed sores.</b>	22	10.6	4.6	7.1
<b>Residents receiving special skin care.</b>	46	22.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE FAUSKEE NH**

<b>Street Address:</b>		<b>City and State:</b>	
965 MCMILLAN ST		WORTHINGTON MN 56187	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	05/05/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
64	0	27

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	64	100	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	59	92.2	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	79.7	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	95.3	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	42.2	30.3	37.7
<b>Completely bedfast residents.</b>	3	4.7	1.0	3.4
<b>Residents confined to chairs.</b>	22	34.4	42.6	50.8
<b>Residents requiring restraints.</b>	43	67.2	37.6	41.3
<b>Confused or disoriented residents.</b>	47	73.4	51.4	58.4
<b>Residents with bed sores.</b>	0	0.0	4.6	7.1
<b>Residents receiving special skin care.</b>	50	78.1	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE LAKE HAVEN NURSING HOME**

<b>Street Address:</b>  1307 SOUTH SHORE DRIVE		<b>City and State:</b>  WORTHINGTON MN 56187	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  88	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  04/28/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>  88	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  42
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	100	68.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	87.5	56.6	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	64.8	46.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	72.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	59.1	45.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	26.1	21.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	0.5	3.6
<b>Residents confined to chairs.</b>	12	13.6	26.9	39.1
<b>Residents requiring restraints.</b>	28	31.8	18.4	31.7
<b>Confused or disoriented residents.</b>	53	60.2	39.4	55.8
<b>Residents with bed sores.</b>	8	9.1	2.6	4.7
<b>Residents receiving special skin care.</b>	16	18.2	19.9	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	1.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	2	2.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.1	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	6.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	3.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	2	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	8	8.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	19	19.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	36.5	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	2.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	5	5.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	2.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	18	18.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	14.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	33.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE WORTHINGTON REGIONAL HOSPITAL C NC**

<b>Street Address:</b>  1018 6TH AVE		<b>City and State:</b>  WORTHINGTON MN 56187	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  5	<b>Type of Ownership:</b>  LOCAL GOVERNMENT	<b>Survey Date:</b>  11/09/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>  5	<b>Medicare Residents:</b>  4	<b>Medicaid Residents:</b>  0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	4	80.0	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	5	100	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	4	80.0	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	80.0	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	4	80.0	64.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	3	60.0	30.3	37.7
<b>Completely bedfast residents.</b>	0	0.0	1.0	3.4
<b>Residents confined to chairs.</b>	3	60.0	42.6	50.8
<b>Residents requiring restraints.</b>	0	0.0	37.6	41.3
<b>Confused or disoriented residents.</b>	2	40.0	51.4	58.4
<b>Residents with bed sores.</b>	0	0.0	4.6	7.1
<b>Residents receiving special skin care.</b>	1	20.0	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ZUMBROTA NURSING HOME

<b>Street Address:</b> 433 MILL STREET		<b>City and State:</b> ZUMBROTA MN 55992	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 71	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 71	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 48
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	87.3	82.4	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	76.1	77.5	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	77.5	66.6	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	100	89.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	77.5	64.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	4.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	29.6	30.3	37.7
<b>Completely bedfast residents.</b>	1	1.4	1.0	3.4
<b>Residents confined to chairs.</b>	18	25.4	42.6	50.8
<b>Residents requiring restraints.</b>	28	39.4	37.6	41.3
<b>Confused or disoriented residents.</b>	47	66.2	51.4	58.4
<b>Residents with bed sores.</b>	4	5.6	4.6	7.1
<b>Residents receiving special skin care.</b>	35	49.3	29.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	0.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	35	9.6	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.3	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	3.8	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	31	8.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	13	3.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	2.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	71	19.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	6.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	19	5.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	34	9.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	63	17.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	78	21.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	95	26.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	6.8	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	4.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	29	7.9	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	4.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	33	9.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	53	14.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	102	27.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	56	15.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	6	1.6	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	183	50.1	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

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HIGHSMITH 45-220

REF.

HD 7102 .U5N76 1987/88  
Minnesota II

Medicare/Medicaid nursing home  
information.

REF.

HD 7102 .U5N76 1987/88  
Minnesota II

Medicare/Medicaid nursing home  
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